

J. L. FAIRBANKS & CO.
Stationers



FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A

FULL NAME *Peter Gill*

Place of Death* } *14 Coral Ave*

Residence *Marblehead*

1910-11-12

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

MAIDEN NAME†

HUSBAND'S NAME†

BIRTHPLACE‡ *Portland Me*

NAME OF FATHER *Robert Gill*

BIRTHPLACE OF FATHER‡ *Ireland*

MAIDEN NAME OF MOTHER *Elizabeth Flynn*

BIRTHPLACE OF MOTHER‡ *Ireland*

OCCUPATION *Super. Mfg*

INFORMANT§ *Wife*

PLACE OF BURIAL OR REMOVAL|| *Old Mt Auburn Cemetery*

DATE OF BURIAL *1/4 1910*

UNDERTAKER *A. W. Bennett*

ADDRESS *Marblehead*

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to 190,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Cirrhosis of Liver*

Contributory: *Uncertain* (DURATION) DAYS

Contributory: *Acute Nephritis*

(Signed) *Thos. Porter* (DURATION) DAYS

M.D.

190 (Address) *Marblehead*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

1
Peter Hill
Jan 1-1910.

RETURN OF A DEATH

FULL NAME Lydia A. Cummings Registered No. 1253Place of Death* 63 Pleasant St Stillhope MassDate of Death Jan 9 1900 Age 87 years 10 months 20 days

STATISTICAL DETAILS

SEX <u>Female</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † <u>Lydia A. Baldwin</u>		
HUSBAND'S NAME † <u>Harvie Cummings</u>		
BIRTHPLACE ‡ <u>Saratoga N.Y.</u>		
NAME OF FATHER <u>James Baldwin</u>		
BIRTHPLACE OF FATHER ‡ <u>Saratoga N.Y.</u>		
MAIDEN NAME OF MOTHER <u>Sybil Arnold</u>		
BIRTHPLACE OF MOTHER ‡ <u>Saratoga N.Y.</u>		
OCCUPATION		
INFORMANT § <u>Dr. Dorman</u>		

PLACE OF BURIAL OR REMOVAL <u>Public N.Y.</u>	DATE OF BURIAL <u>1-12-1900</u>
UNDERTAKER <u>H. C. Skaggs</u>	ADDRESS <u>24 Hannon St.</u>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan. 1900 to 1900,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: BronchitisContributory: Chronic (DURATION) DAYSContributory: Age - Heart(DURATION) DAYS(Signed) Albert B. Dorman M.D.Jan. 10, 1900 (Address) Newburgh, Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? DaysWhere was disease contracted, If not at place of death? Filed 1900 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

Jan 9-1910

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Wentworth
(CITY OR TOWN.)

FULL NAME *Lavinia Ann Bernstein* Registered No. _____
 Place of Death* } *17 Cliff ave* Date of Death } *Jan 14th* 1960
 Residence *Wentworth* Age *55* years *4* months *22* days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>white</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>
MAIDEN NAME † <i>Hawes</i>		
HUSBAND'S NAME † <i>Geo. S. Bernstein</i>		
BIRTHPLACE ‡ <i>New York City</i>		
NAME OF FATHER <i>Solomon Hawes</i>		
BIRTHPLACE OF FATHER ‡ <i>New York City</i>		
MAIDEN NAME OF MOTHER <i>Elizabeth Parisen</i>		
BIRTHPLACE OF MOTHER ‡ <i>New York City</i>		
OCCUPATION <i>housewife</i>		
INFORMANT § <i>Geo. S. Bernstein</i>		

PLACE OF BURIAL OR REMOVAL ‖ <i>Wentworth Cemetery</i>	DATE OF BURIAL <i>4/16</i> 1960
UNDERTAKER <i>C. R. Bernstein</i>	ADDRESS <i>Wentworth</i>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Dec. 28* 190... to *Jan 14*, 1960, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Cerebral Hemorrhage*

Contributory: *General Fatty Degeneration* (DURATION) _____ DAYS

(Signed) *Thomas Rigott* M.D. (DURATION) _____ DAYS

Jan. 15 1960 (Address) *57 Bunting Ave*
Wentworth, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed

190... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

Larissa Ann Bernstein

Jan. 14-1910

RETURN OF A DEATH

Worcester
(CITY OR TOWN.)

FULL NAME

Martha E. Roach, Roach

Registered No.

Place of
Death*

30 Fairview Street

Date of
Death

Jan 14 1900

Residence

Worcester Mass

Age

76

years

6

months

2

days

STATISTICAL DETAILS

SEX

F

COLOR

W

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Widow

MAIDEN NAME†

Anderson

HUSBAND'S NAME‡

John Andrew Jackson Roach

BIRTHPLACE‡

Brookbury me

NAME OF
FATHER

Andrew Anderson

BIRTHPLACE
OF FATHER‡

Denmark

MAIDEN NAME
OF MOTHER

Abigail Pinkham

BIRTHPLACE
OF MOTHER‡

Brookbury me

OCCUPATION

INFORMANT§

Chas. S. Roach
Son

PLACE OF BURIAL OR REMOVAL||

Worcester Cemetery

DATE OF BURIAL

1/16 1900

UNDERTAKER

C. R. Benson

ADDRESS

Worcester

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 11 1900 to Jan 14 1900, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Addison's Disease

Contributory:

Senility

(Signed)

J. Johnson

M.D.

Jan 15 1900

(Address)

Worcester Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Charles A. Rideout .

Jan 18, 1910

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop Mass
(CITY OR TOWN.)

FULL NAME Alfred ~~Pestell~~ Pestell Registered No. _____
 Place of Death* } 72 Crystal Cove Ave Winthrop Mass Date of Death } Jan 18 1980
 Residence 72 Crystal Cove Ave Winthrop Mass Age 63 years 10 months _____ days

STATISTICAL DETAILS

SEX <u>M</u>	COLOR <u>br</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <u>England</u>		
NAME OF FATHER <u>Pestell</u>		
BIRTHPLACE OF FATHER ‡ <u>England</u>		
MAIDEN NAME OF MOTHER <u>Scolney</u>		
BIRTHPLACE OF MOTHER ‡ <u>England</u>		
OCCUPATION <u>none</u>		
INFORMANT § <u>H. A. Pestell, Somerville Mass</u>		

PLACE OF BURIAL OR REMOVAL <u>Woodlawn</u> <u>Winthrop Mass</u>	DATE OF BURIAL <u>Jan 21</u> 19 <u>80</u>
UNDERTAKER <u>Francis M Wilson</u> <u>H</u>	ADDRESS <u>Somerville Mass</u>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan. 15 1980 to Jan. 18 1980, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cerebral Hemorrhage

(DURATION) 3 DAYS
 Contributory: Myocardial Regurgitation
In def (DURATION) _____ DAYS

(Signed) Dr. J. Porter M.D.
Jan. 18 1980 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed

190_____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

6

Alfred Pestell

Jan 18, 1910.

RETURN OF A DEATH

FULL NAME Louise C. Tewksbury Registered No.Place of Death * Cor. Atlantic Ave and Winthrop St.Date of Death Jan 27 1900 Age 86 years 5 months 11 days

STATISTICAL DETAILS

SEX Mo COLOR W SINGLE, MARRIED, WIDOWED, -OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER Winthrop Mass.BIRTHPLACE OF FATHER ‡ Washington TewksburyMAIDEN NAME OF MOTHER Winthrop Mass.BIRTHPLACE OF MOTHER ‡ Fannah FloydOCCUPATION Winthrop Mass.INFORMANT § RetiredPLACE OF BURIAL OR REMOVAL || Edith TewksburyDATE OF BURIAL Jan 30 1900UNDERTAKER H.C. Skaggs ADDRESS 2 Munroe St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept 1909 to Jan 27 1900, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: Cancer of Stomach(DURATION) 1 year DAYS

Contributory:

(DURATION) DAYS

(Signed) John C. Skaggs M.D.
Jan 26 1900 (Address) Worcester Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed 1900 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

7

Lorenzo G. Tewksbury

Jan. 27, 1910

RETURN OF A DEATH—1910.

CITY OF
BOSTON.

FULL NAME.....Louisa M P Gay.....Registered No.....974

Place of Death } Boston New Eng. Baptist Hospt.
and Residence }

Date of Death.....Jan. 29.....1910. Age.....69.....years.....2.....months.....2.....days.

STATISTICAL DETAILS.

SEX.....F.....COLOR.....W.....SINGLE, MARRIED, WID., DIV.....W

Maiden Name.....Parker

Husband's Name.....George F Gay

Birthplace.....Boston

Name of Father.....Nathaniel Parker

Birthplace of Father.....Groton, Mass.

Maiden Name of Mother.....Mary B Parker

Birthplace of Mother.....Hollis, Mass.

Occupation.....None

Informant.....

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from.....1910, to.....1910,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } Angina Pectoris - 10 min
(Duration)Contributory: } Sclerosis of coronary artery
(Duration) } 2 yrs

(Signed).....J H Pratt.....M.D.

Jan. 31 1910

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial or removal.....Cambridge "Mt Auburn"

Undertaker.....A L Eastman Co.

Usual Residence.....Winthrop

Filed.....Feb. 2.....1910.

A true copy.

Attest:

EWM Glenen

Registrar.



RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME Baby Shorey Registered No. _____
 Place of Death* } Medical Hospital Date of Death } Jan 31 1910
 Residence 425- Smithrop St. Age _____ years _____ months _____ days
Premature

STATISTICAL DETAILS

SEX <u>male</u>	COLOR <u>white</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡		
NAME OF FATHER <u>Herbert Mollin Shorey</u>		
BIRTHPLACE OF FATHER ‡ <u>Attleboro Mass.</u>		
MAIDEN NAME OF MOTHER <u>Marion Alice Bone</u>		
BIRTHPLACE OF MOTHER ‡ <u>Somerville Mass.</u>		
OCCUPATION		
INFORMANT § <u>Herbert Mollin Shorey</u>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 31 1910 to Jan 31 1910, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Induced labor
still born
accidental to birth DURATION _____ DAYS

Contributory: _____ DURATION _____ DAYS

(Signed) Wm. E. Galt M.D.
Feb 2 1910 (Address) Worship Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 1910 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL <u>Worship Cemetery</u>	DATE OF BURIAL <u>Feb 3</u> 19 <u>10</u>
UNDERTAKER <u>C. R. Bone</u>	ADDRESS <u>Worship</u>

ALL NAMES TO BE IN FULL

8

Baby Shorey

Jan 31-1910

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Mary Elizabeth Bethet* Registered No. _____
 Place of Death* *101 Belmont St.* Date of Death *Feb 2* 19*00*
 Residence *101 Belmont St.* Age *41* years *X* months _____ days

STATISTICAL DETAILS

SEX <i>F</i>	COLOR <i>W</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>
MAIDEN NAME† <i>Eudais</i>		
HUSBAND'S NAME† <i>John. Bethet</i>		
BIRTHPLACE‡ <i>Ireland</i>		
NAME OF FATHER <i>Wm Eudais</i>		
BIRTHPLACE OF FATHER‡ <i>Ireland</i>		
MAIDEN NAME OF MOTHER <i>Marta. McCombs</i>		
BIRTHPLACE OF MOTHER‡ <i>Ireland</i>		
OCCUPATION <i>Housewife</i>		
INFORMANT§ <i>John. Bethet</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Jan 29* 19*00* to *Feb 2* 19*00*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Pneumonia*

(DURATION) *5* DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *B. M. M. M.* M.D.

Feb 3 19*00* (Address) *Waltham Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____

_____ 190_____

Clerk

PLACE OF BURIAL OR REMOVAL <i>St. Peter's Church, Waltham Mass</i>	DATE OF BURIAL <i>Feb 6</i> 19 <i>00</i>
UNDERTAKER <i>C. R. Emerson</i>	ADDRESS <i>Waltham</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

9

Mary Elizabeth Beckel

Feb 2 101

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Baby" Freeman* Registered No. _____
 Place of } *36 Nevada St* Date of } *Feb 3rd* 19*80*
 Death * } *Winthrop* Death } *Still Borne*
 Residence _____ Age _____ years _____ months _____ days

STATISTICAL DETAILS

SEX _____ COLOR *W* SINGLE, MARRIED, ☒ WIDOWED, OR DIVORCED

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

NAME OF FATHER

Frederick H. Freeman

BIRTHPLACE OF FATHER ‡

Sherborn N.Y.

MAIDEN NAME OF MOTHER

Clara Snikerder

BIRTHPLACE OF MOTHER ‡

Holyoke Mass

OCCUPATION _____

INFORMANT §

Frederick H. Freeman

PLACE OF BURIAL OR REMOVAL ||

Winthrop Cemetery

DATE OF BURIAL

2/4 19*80*

UNDERTAKER

E. A. Benson

ADDRESS

Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb. 3rd* 190*0* to _____ 190*0*; that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: _____

Still born Infant

(DURATION) _____ DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) _____

W. J. Porter

M.D.

Feb. 5 190*0* (Address) *Winthrop, Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

190*0* _____

Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

10

Baby Freeman

Feb. 3-1910

RETURN OF A DEATH

FULL NAME David A. Floyd. Registered No. _____
 Place of Death * 280 Lincoln St. Hinthrop - Mass.
 Date of Death Feb. 5 1910. Age 71 years 3 months 28 days

STATISTICAL DETAILS

SEX M COLOR W SINGLE, MARRIED, WIDOWED, OR DIVORCED _____

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

Hinthrop.

NAME OF FATHER

David Floyd.

BIRTHPLACE OF FATHER ‡ _____

Hinthrop

MAIDEN NAME OF MOTHER

Dorchester.

BIRTHPLACE OF MOTHER ‡ _____

Hinthrop

OCCUPATION

Retired

INFORMANT § _____

D. Floyd.

PLACE OF BURIAL OR REMOVAL || _____

Hinthrop Ave

UNDERTAKER

McShaggs.

DATE OF BURIAL

Feb. 8 1910.

ADDRESS

21 Union St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 1906 to Feb 5 1910, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Bright's disease

..... (DURATION) DAYS

Contributory: Complication of disease, (enlarged prostate etc) (DURATION) DAYS

(Signed) Herace J. Soule M.D.

Feb 5 1910. (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed

..... 190..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

11

David A. Lloyd.

Feb 5-1910

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, Feb 8th 1910.Name in full, William J. Lynch

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 57 Years, - Months, - Days. Occupation, RetiredResidence, * 54 Lincoln St Ward,Place of Death, 54 Lincoln (State year, month and day)Place of Birth, New York N.Y. Date of Birth, -Name and Birthplace of Father, John Lynch - IrelandMaiden Name and Birthplace of Mother, Mary Taggart - IrelandPlace of Interment, Holy Cross Malden* If an institution, state how long an inmate and previous residence. M. J. Kelly Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Boston, Feb. 9 1910.Name and Age of Deceased, William J. Lynch Age, 57 years.I hereby certify that I attended deceased from Nov 1909, to Feb 8 1910, that I last saw him alive on the 8th day of Feb 1910, that he died on the 8th day of Feb 1910, about 11 o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death was as follows:Disease { Chief cause, Cholera
Contributing cause, severe feverDuration { Chief Cause, two days
Contributing cause, severe feverThos J. Kelly M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully, as this return in itself is practically worthless for compilation.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, write exactly in this form Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state the nature of the violence which caused the meningitis. Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar-pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, and days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease to which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar-pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused the decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or paretic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease or injury requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the name of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A mixture of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being not more nor less than typhoid fever.

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Oscar A Wohlschlegel* Registered No. *126*
 Place of Death *No 6 Revere St Winthrop Mass* Date of Death *Feb 12th 1910*
 Residence *No 6 Revere St Winthrop Mass* Age *45* years *6* months *15* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

UNDERTAKER

DATE OF BURIAL

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Jan 1910* to *Feb 12th 1910*,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Heart Disease*

(DURATION) *10* DAYS

Contributory: *None*

(DURATION) *10* DAYS

(Signed) *Wm. H. H. H.* M.D.

1910 (Address) *Winthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? *10* years *6* months *15* days

Where was disease contracted, if not at place of death? *None*

Filed *1910*

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully, as this return in itself is practically worthless for compilation.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, write exactly in this form Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state the nature of the violence which caused the meningitis. Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar-pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, and days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease to which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar-pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused the decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the name should be given and the expression "general	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
		Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease or injury requiring the operation.
		Surgical	Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed.

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Wesley A. Wohlschlegel* Registered No. *126*
 Place of Death *No 6 Revere St Winthrop Mass* Date of Death *Feb 12th 1910*
 Residence *No 6 Revere St Winthrop Mass* Age *45* years *6* months *19* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb 12th 1910* to *Feb 12th 1910*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

.....(DURATION)..... DAYS

Contributory:

.....(DURATION)..... DAYS

(Signed) *Wesley A. Wohlschlegel* M.D.1910 (Address) *No 6 Revere St Winthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

1910

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

13

Cecilia Mohrkegel

Feb - 12 - 1900



RETURN OF A DEATH

Registered No. _____

FULL NAME **John Prescott.**Date of Birth **Sept. 22 1854.**Place of Death **89 Cottage Ave.. Winthrop, Mass.**Date of Death **Feb. 13 1910.**Place of Residence **89 Cottage Ave Winthrop Mass**Age **56** years **4** months **2** days

STATISTICAL DETAILS

SEX **male** COLOR **white** SINGLE, MARRIED, WIDOWED, OR DIVORCED **widowed**MAIDEN NAME **John Prescott**

HUSBAND'S FULL NAME

BIRTHPLACE

Derryallen County Tyron, Ireland.

NAME OF FATHER

Thomas Prescott

BIRTHPLACE OF FATHER

Ireland

MAIDEN NAME OF MOTHER

Margaret Brown

BIRTHPLACE OF MOTHER

England

OCCUPATION

Liquor Dealer

FULL NAME OF INFORMANT

Miss Prescott (daughter)

RELATIONSHIP TO DECEASED

daughter

ADDRESS

89 Cottage Ave

PLACE OF BURIAL

Cemetery

Mt Hope

City or Town

Boston

UNDERTAKER'S NAME

J.B.Cole & Son

ADDRESS

124 Dorchester St. South Boston

NO.

STREET

CITY OR TOWN

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness from **Aug 1** 1900 to **Feb 13** 1910, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Chor. Carcinosis R

Duration

one year

Contributory

Duration

(Signed)

M. D.

(Address)

Date

Feb 17 1910

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death?

Days

Where was disease contracted, if not at place of death?

Recorded

190

Clerk of Board of Health

Filed

190

City Clerk

John Prescott

Feb-13-1910

(Received of)

the sum of

one hundred and fifty dollars

for

rent

of the premises

situated at

the corner of

the streets of

the city of

the State of

the County of

the State of

the County of

the State of

the County of

RETURN OF A DEATH

FULL NAME Amie E. Hamilton Registered No. _____Place of Death * 30 Waldemar Ave. Winthrop MassDate of Death Feb. 17. 1910. Age 51 years 7 months 17 days

STATISTICAL DETAILS

SEX <u>F</u>	COLOR <u>W</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † <u>Amie Magee</u>		
HUSBAND'S NAME † <u>Henry B. Hamilton</u>		
BIRTHPLACE ‡ <u>Kingston, N.S.</u>		
NAME OF FATHER <u>Boyd</u>		
BIRTHPLACE OF FATHER ‡ <u>Kingston N.S.</u>		
MAIDEN NAME OF MOTHER <u>Matilda Messenger</u>		
BIRTHPLACE OF MOTHER ‡ <u>Kingston N.S.</u>		
OCCUPATION		

INFORMANT §

Mr. Johnstone

PLACE OF BURIAL OR REMOVAL <u>in Mass</u> <u>Edson C. Lowell</u>	DATE OF BURIAL <u>Feb. 20. 1910.</u>
UNDERTAKER <u>W. C. Skaggs</u>	ADDRESS <u>2 Hiram St.</u>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from August 1909 to Feb 1910., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pernicious Anemia

(DURATION) _____ DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) A. B. Dorman M.D.Feb. 18, 1910 (Address) Winthrop, Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, if not at place of death? _____

Filed

_____ 190 _____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

15
Annie E. Hamilton

Feb 17-1910

Permit No.

RETURN OF DEATH.

~~BOSTON, MASS.~~ *Wmthrop Mass*

Date of Death, *February 18th* 19*10*.

Name in full, *Anne H. Bergin*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widow*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *67* Years, - Months, - Days. Occupation,

Residence, * Ward,

Place of Death, *Wimthrop, Mass.* (State year, month and day.)

Place of Birth, *Ireland* Date of Birth,

Name and Birthplace } *Patrick Parnell - Ireland*
of Father, }

Maiden Name and Birthplace of Mother, } *Mary Jeffries - Ireland*

Place of Interment, *Catholic Cemetery*

* If an institution, state how long an inmate and previous residence. *J. D. Fallon*
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wimthrop
Boston, Feb 19 19*10*.

Name and Age } *Anne H. Bergin* Age, *67* years.
of Deceased, }

I hereby certify that I attended deceased from *Jan 1910* to *Feb 18*
19*10*, that I last saw *her* alive on the *18th* day of *Feb* 19*10*,
that *she* died on the *18th* day of *Feb* 19*10*, about *10* o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:

Disease { Chief cause, *Diabetes*
Contributing cause, *Diabetic Gangrene*

Duration { Chief Cause, *2 years*
Contributing cause, *one month*

S. H. M. D. M. D.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully, as this return in itself is practically worthless for compilation.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, write exactly in this form Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state, the nature of the violence which caused the meningitis. Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar-pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, and days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease to which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar-pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused the decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or paretic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease or injury requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the name of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A mixture of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being nothing more nor less than typhoid fever.

RETURN OF A DEATH

Wentworth
(CITY OR TOWN.)

FULL NAME *Elizabeth Agnes Sheehan* Registered No. _____
 Place of Death * *291 Shirley St. Wentworth* Date of Death *Feb 19* 19*00*
 Residence *291 Shirley St. Wentworth* Age *6* years *3* months *19* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Boston Mass

NAME OF FATHER

William Sheehan

BIRTHPLACE OF FATHER ‡

Cork Ireland

MAIDEN NAME OF MOTHER

Agnes B. Magon

BIRTHPLACE OF MOTHER ‡

Galway Ireland

OCCUPATION

INFORMANT §

William Sheehan father

PLACE OF BURIAL OR REMOVAL ||

St Josephs Cemetery

DATE OF BURIAL

2/20 19*00*

UNDERTAKER

C. L. Lemmon

ADDRESS

Wentworth Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Oct 18* 19*00* to *Feb 19* 19*00*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Diphtheria(DURATION) *7* DAYS

Contributory:

(DURATION) _____ DAYS

(Signed) *W. J. Porter* M.D.*Feb 20* 19*00* (Address) *Wentworth*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

17

Elizabeth Agnes Sheeran

Feb 19-1960

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME George Glendon Newhall Registered No. _____
 Place of Death* 15 Hildenhurst St Date of Death 2/19 1960
 Residence 12 Age 68 years 2 months 10 days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <u>Male</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <u>Lynn Mass</u>		
NAME OF FATHER <u>George Newhall</u>		
BIRTHPLACE OF FATHER ‡ <u>Lynn Mass</u>		
MAIDEN NAME OF MOTHER <u>Eleanor Harrington</u>		
BIRTHPLACE OF MOTHER ‡ <u>Boston</u>		
OCCUPATION <u>Life Ins Agt</u>		
INFORMANT § <u>Wife</u>		

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190____ to _____ 190____, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonia (Toxic)

(DURATION) 3 DAYS

Contributory: _____

(SIGNED) George Newhall (DURATION) 3 DAYS

M.D. Feb. 21, 1960 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 190____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL <u>Our Lady Cemetery</u>	DATE OF BURIAL <u>2/22</u> 19 <u>60</u>
UNDERTAKER <u>C. W. Sullivan</u>	ADDRESS <u>Winthrop</u>

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

George Gleason Newhall

Feb - 19 - 1910

CITY OF
BOSTON.

RETURN OF A DEATH—1910.

FULL NAME Ida J Jordan Registered No. 1802Place of Death } Boston New Eng. Baptist Hospt.
and Residence }Date of Death Feb. 19 1910. Age 37 years 10 months days.

STATISTICAL DETAILS.

SEX F COLOR W SINGLE, MARRIED, WID., DIV. MMaiden Name MarstersHusband's Name Maynard H Jordan Primary: }
(Duration)Birthplace St John, N.B.Name of Father Joseph D MarstersBirthplace of Father Windsor, U.S.Maiden Name of Mother Eliza J LanganBirthplace of Mother Windsor, U.S.Occupation HousewifeInformant Place of Burial or removal St John, N.B.Undertaker C R BennisonWinthrop

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1910, to 1910,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } Phlebitis - rt. leg - 2 wks
(Duration)Contributory: } Pulm. Embolus - 4 dys
(Duration)(Signed) H W Goodall M.D.Feb. 19 1910

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence Winthrop (40 Fremont st)Filed Feb. 25 1910.A true copy.
Attest:EWM Glenen

Registrar.

9

Eleazar W. Henderson

Feb 20 - 1910

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

Princeton
FULL NAME *Henderson* Registered No. _____
Place of Death* *Melrose Hospital* Date of Death *2/21* 19*00*
Residence *#15 Grove Ave* Age *Princeton* years _____ months _____ days _____

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>W</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED _____
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <i>Melrose Hospital</i>		
NAME OF FATHER <i>Franklin G. Henderson</i>		
BIRTHPLACE OF FATHER ‡ _____		
MAIDEN NAME OF MOTHER <i>Eleanor M. Moore</i>		
BIRTHPLACE OF MOTHER ‡ <i>Toronto Ont.</i>		
OCCUPATION _____		
INFORMANT § <i>Franklin G. Henderson</i>		
PLACE OF BURIAL OR REMOVAL <i>Wagon Cemetery Melrose</i>		DATE OF BURIAL <i>2/23</i> 19 <i>00</i>
UNDERTAKER <i>C. R. Benson</i>		ADDRESS <i>Princeton</i>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb. 17* 19*00* to *21* 19*00*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Princeton*

(DURATION) _____ DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *S. B. Hall* M.D.

Feb. 23 19*00* (Address) *110 ...*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 19*00* _____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

20

Henderson

Feb 21-1910

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Mary L. Jordan Registered No. _____Place of Death * 40 Huntington St Winstthrop Mass.Date of Death Feb. 22-1910. Age 81 years 8 months 5 days

STATISTICAL DETAILS

SEX F COLOR W SINGLE, MARRIED, WIDOWED, OR DIVORCEDMAIDEN NAME † Mary L. ReedHUSBAND'S NAME † David JordanBIRTHPLACE ‡ Boothbay MaineNAME OF FATHER Wm. ReedBIRTHPLACE OF FATHER ‡ Boothbay ME.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT § Maynard H. JordanPLACE OF BURIAL OR REMOVAL || Boothbay MEDATE OF BURIAL 2-25-1910UNDERTAKER W.C. SuggsADDRESS 2 Huntington St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb. 26 1910 to Feb. 22 1910, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Myocardial RegenerationIndef. (DURATION) _____ DAYS

Contributory:

AsthmaIndef. (DURATION) _____ DAYS(Signed) W. J. Porter M.D.Feb. 23 1910 (Address) Winstthrop.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, if not at place of death? _____

Filed _____

190 _____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

21

May L. Jordan.

Feb. 22. - 1910

CITY OF
BOSTON.

RETURN OF A DEATH—1910.

FULL NAME Samuel White Registered No. 1886

Place of Death } Boston Mass. Homeo. Hospt.
and Residence }

Date of Death Feb. 24 1910. Age 3 years months days.

STATISTICAL DETAILS.

PHYSICIAN'S CERTIFICATE.

SEX M COLOR W SINGLE, MARRIED, WID., DIV. S

I HEREBY CERTIFY that I attended deceased during last illness,
from 1910, to 1910,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:

Maiden Name

Husband's Name

Birthplace BostonName of Father Charles WhiteBirthplace of Father RussiaMaiden Name of Mother Etta SwameBirthplace of Mother RussiaOccupation -----

Informant

Primary } Lobar Pneumonia
(Duration)

Contributory } Scarlet fever - 6 days
(Duration)

(Signed) J A Hayward M.D.

Feb. 24 1910

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial or removal Woburn "Knights of Liberty" Usual Residence Winthrop (6 Waveway ave)

Undertaker Jacob Stanetsky Filed Feb. 26 1910

A true copy.
Attest:

EWM Glenen

Registrar.

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME George W. Nuttall Registered No. _____
 Place of Death 50 Main St. Date of Death Feb 24 1960
 Residence Winthrop Age 65 years _____ months _____ days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ St. Johns N.B.NAME OF FATHER William NuttallBIRTHPLACE OF FATHER ‡ Halifax N.S.MAIDEN NAME OF MOTHER Rebecca HandanBIRTHPLACE OF MOTHER ‡ St. Johns N.B.OCCUPATION BuilderINFORMANT § WifePLACE OF BURIAL OR REMOVAL ‖ Glenwood CemeteryDATE OF BURIAL Feb 27 1960UNDERTAKER C R BensonADDRESS Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190____ to _____ 190____

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Poisoning by opium
(Morphine)
Suicidal (DURATION) _____ DAYS

Contributory: _____ (DURATION) _____ DAYS

(Signed) George Benjamin M.D.
 190____ (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____ 190____ Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

22

George H. Mottall,
Feb. 24-1910

RETURN OF A DEATH—1910.

CITY OF
BOSTON.FULL NAME Oscar G Berry Registered No. 1913Place of Death } Boston Eliot Hospt.
and Residence }Date of Death Feb. 25 1910. Age 45 years 6 months 16 days.

STATISTICAL DETAILS.

SEX M COLOR W SINGLE, MARRIED, WID., DIV. M

Maiden Name.....

Husband's Name.....

Birthplace ReadingName of Father Marcellus D BerryBirthplace of Father Bradford, Vt.Maiden Name of Mother Hannah A EvansBirthplace of Mother ReadingOccupation Insurance

Informant.....

Place of Burial or removal LynnUndertaker W C SkaggsWinthrop

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from.....1910, to.....1910,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } Perf. Duodenal ulcer - 9 dys
(Duration)Contributory: } Peritonitis - 9 days
(Duration)(Signed) W J Mixter M.D.Feb. 25 1910.

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence Winthrop (68 Washington St)Filed Feb. 28 1910.A true copy.
Attest:EWM Glenew

Registrar.

THE HISTORY OF THE UNITED STATES

The history of the United States is a story of growth and change. From the first settlers to the present day, the nation has evolved through various stages of development. The early years were marked by exploration and the establishment of colonies. The American Revolution led to the birth of a new nation, and the subsequent years saw the expansion of territory and the growth of industry. The Civil War was a pivotal moment in the nation's history, leading to the abolition of slavery and the strengthening of the federal government. The Reconstruction era followed, and the nation began to heal the wounds of war. The late 19th century saw the rise of industrialization and the growth of the middle class. The early 20th century was marked by the Progressive Era, which sought to reform society and government. The Great Depression of the 1930s was a major challenge for the nation, but it also led to the New Deal and the strengthening of the federal government. The mid-20th century saw the rise of the Cold War and the Civil Rights Movement. The late 20th century was marked by the end of the Cold War and the rise of the information age. The 21st century has seen the nation face new challenges, including terrorism and climate change. The history of the United States is a story of resilience and the pursuit of the American dream.

RETURN OF A DEATH

Worcester
(CITY OR TOWN.)

FULL NAME *Mary Ellen Little* Registered No. _____
 Place of Death* } *40 Plummer St* Date of Death } *2/27* 19*10*
 Residence *cc cc cc* Age *75* years *6* months *15* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *widow*

MAIDEN NAME † *Wallace*

HUSBAND'S NAME † *Rev. Samuel P. Little*

BIRTHPLACE ‡ *Mount Sterling Kentucky*

NAME OF FATHER *Joseph T. Wallace*

BIRTHPLACE OF FATHER ‡ *Kentucky*

MAIDEN NAME OF MOTHER *Marguerite Roman*

BIRTHPLACE OF MOTHER ‡ *Kentucky*

OCCUPATION _____

INFORMANT § *Daughter - Mrs. S. S. Whiting*

PLACE OF BURIAL OR REMOVAL || *Worcester*

DATE OF BURIAL *3/1* 19*10*

UNDERTAKER *C. R. Benson*

ADDRESS *Worcester*

I HEREBY CERTIFY that I attended deceased during last illness, from *2023* 19*0* to *Feb 27* 19*10*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Pneumonia*

Contributory: _____

(Signed) *B. Nuttall* M.D.

Feb 28/10 (Address) *120 W. Main St*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____

_____ 190_____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

Mary Ellen Little
Feb. 27-1910.

CITY OF
BOSTON.

RETURN OF A DEATH—1910.

FULL NAME Bertha Waity Scott Registered No. 2047

Place of Death } Boston Mass. Gen. Hospt.
and Residence }

Date of Death Mar. 1 1910. Age 39 years 3 months 19 days.

STATISTICAL DETAILS.

PHYSICIAN'S CERTIFICATE.

SEX F COLOR W SINGLE, MARRIED, WID., DIV. S

I HEREBY CERTIFY that I attended deceased during last illness,
from 1910, to 1910,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:

Maiden Name

Husband's Name

Birthplace

Name of
FatherBirthplace
of FatherMaiden Name
of MotherBirthplace
of Mother

Occupation

Informant

Primary:
(Duration)Gen. Peritonitis - 3 dysContributory:
(Duration)Appendicitis - 6 mos(Signed) C R Motcalf M.D.Mar. 1 1910

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Admitted to hospital Feb. 24, 1910Usual Residence Winthrop (15 Moore st)Filed Mar. 3 1910A true copy.
Attest:EWM Glenen

Registrar.

MARGIN RESERVED FOR BINDING.



RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME Marianna Butier Cristofori Registered No. _____
 Place of Death* { Melrose Hospital Date of Death { Mar 7th 1900
 Residence Plymouth Mass Age 18 years _____ months _____ days

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

MAIDEN NAME † Marianna Butier

HUSBAND'S NAME † Minghi Cristofori

BIRTHPLACE ‡ Italy

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER ‡ Italy

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER ‡ Italy

OCCUPATION Servant

INFORMANT § Alphonso. Pisani

PLACE OF BURIAL OR REMOVAL || Plymouth

DATE OF BURIAL Mar 9th 1900

UNDERTAKER C.R. Benson

ADDRESS Wentworth

Mal. Evans

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 1900 to _____ 1900

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Multiple burns of the 1st, 2d, & 3d degrees of accidental origin (DURATION) _____ DAYS
 Contributory: _____

(Signed) George Byron Maynard M.D.
 _____ 1900 (Address) Wentworth

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____

_____ 1900 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
 ALL NAMES TO BE IN FULL

Marsilea Butleri Christophi

Mar. 7-1910

Winthrop Mass

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death,

March 7th 1910

Name in full,

Maria T. Henderson
Wife of William E.

(If married or divorced woman give maiden name, also name of husband.)

Sex,

Female

Color,

White

Condition,

Widow

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, 85 Years,

Months,

Days.

Occupation,

At Home

Residence,*

7 Fairbank Ave

Ward,

Place of Death,

Fairbank Ave

(State year, month and day.)

Place of Birth,

Ireland

Date of Birth,

Feb 12 1825

Name and Birthplace }
of Father,

Not known

Maiden Name and }
Birthplace of Mother,

Place of Interment,

Fairview Cemetery - Boston

*If an institution, state how long an inmate and previous residence.

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston,

Mar. 7

1910

Name and Age }
of Deceased,

Maria T. Henderson

Age, 85 years.

I hereby certify that I attended deceased from

Apr.

1909, to

Mar 5

1910, that I last saw

her

alive on the

fifth

day of

Mar.

1910,

that

she

died on the

seventh

day of

Mar.

1910, about

o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:

Disease

Chief cause,

Chronic interstitial nephritis

Contributing cause,

Sanguine of the

Duration

Chief Cause,

One year

Contributing cause,

Two weeks

Edward J. Frainger

M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully, as this return in itself is practically worthless for compilation.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, write exactly in this form. Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state the nature of the violence which caused the meningitis. Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar-pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, and days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease to which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar-pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused the decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or paretic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease or injury requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the name of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A mixture of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being nothing more nor less than typhoid fever.

UNDERTAKER'S RETURN

To the Board of Health of the ~~City of Worcester~~ ^{Town of Winthrop}

Date of Death March 8 Name Daniel Donahue
Maiden Name _____ Sex _____
Color white Married, Single or Widowed Married
Age 60 Years _____ Months _____ Days _____
Name of the Physician W. J. Potter Shelburne
Residence of the Deceased, No. 20 Winthrop Street
Occupation clerk Husband's Name _____
Place of Death, No. _____ Street _____
Place of Birth Ireland
Father's Name Timothy Donahue
Father's Birthplace Ireland
Mother's Maiden Name Elizabeth Murphy
Mother's Birthplace Ireland
Place of Interment Worcester Cemetery St. Vincent
Date of Burial March 10 Information given by W. J. Potter
Signature of Undertaker P. Guffin
Dated at Worcester, this 10th day of Mar 1910

Physician's Certificate of the Cause of Death.

Date of Death, . . .	<u>March 8</u>	19 <u>10</u>
Name and Sex of Deceased,	<u>Daniel Donahue</u>	
Place of Death . . .	No. <u>20</u> <u>Winthrop</u> Street	
Disease or Cause of Death	Primary <u>Heart Hypertension</u>	Duration of* <u>Uncertain</u>
	Contributory <u>Epilepsy</u>	Duration of <u>Uncertain</u>

I certify that the above is a true Return, to the best of my recollection and belief.

Name and Professional Title, Dr. J. J. O'Connell, M.D.
Residence, No. 56 Shelburne Street Winthrop
Dated at Worcester, this 10th day of March 19 10

[Be very particular to fill all the Blanks.]

* Reckoned to the time of death.

Approved,

Board of Health.

Daniel Moorhouse
Mar 8 - 1910

CITY OF
BOSTON.

RETURN OF A DEATH—1910.

2294

FULL NAME Ruth A Thompson Registered No. _____Place of Death } Boston Boothby Hospt.
and Residence }Date of Death Mar. 9 1910, Age 35 years 3 months 13 days.

STATISTICAL DETAILS.

PHYSICIAN'S CERTIFICATE.

SEX F COLOR W SINGLE, MARRIED, WID., DIV. MI HEREBY CERTIFY that I attended deceased during last illness,
from _____ 1910, to _____ 1910,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Maiden Name Folsom
Husband's Name John E ThompsonPrimary: } Post-Opr. shock - 20 hrs
(Duration)Birthplace Carmel, Me.Name of Father Oliver J FolsomBirthplace of Father Blue Hill, Me.Maiden Name of Mother Elizabeth A ClaphamBirthplace of Mother Carmel, Me.Occupation None

Informant _____

Contributory: } Opr. Uterine fibroid -
(Duration)(Signed) D D Scannell M.D.
Mar. 9Place of Burial or removal Epping, N.H.1910.
SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.Undertaker A. J. Eastman Co.Usual Residence WinthropFiled Mar. 10 1910.A true copy.
Attest:*EWM Glenew*

Registrar.



RETURN OF A DEATH

FULL NAME Elinor A. Beach Registered No. _____
 Place of Death * 58 Buchanan St. Winthrop Center
 Date of Death March 13- Age 1 year 4 months 5 days

STATISTICAL DETAILS

SEX <u>F</u>	COLOR <u>W</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <u>Quincy, Mass</u>		
NAME OF FATHER <u>Edgar Beach</u>		
BIRTHPLACE OF FATHER ‡ <u>Novascotia</u>		
MAIDEN NAME OF MOTHER <u>Russell</u>		
BIRTHPLACE OF MOTHER ‡ <u>Chicago, Ill.</u>		
OCCUPATION		
INFORMANT §		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Mar 6 1960 to Mar 13 1960, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: Pulmonary Nephritis

Contributory: X

(Signed) J. J. Johnson M.D.

Mar 14 1960 (Address) Winthrop, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, if not at place of death? _____

Filed

190 _____

Clerk

PLACE OF BURIAL OR REMOVAL <u>Winthrop Center</u>	DATE OF BURIAL <u>Mar 15</u> 19 <u>60</u>
UNDERTAKER <u>H. C. Skaggs</u>	ADDRESS <u>2 Emerson St.</u>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

28

Lebanon A. Beach

Mar 13-1910

RETURN OF A DEATH

Wintthrop
(CITY OR TOWN.)

FULL NAME *Mary Sinclair Tewksbury* Registered No. _____
 Place of Death* } *9 Atlantic Street* Date of Death } *March 13th 1900*
 Residence *Wintthrop Mass* Age *63* years *2* months *11* days

STATISTICAL DETAILS

SEX <i>F.</i>	COLOR <i>W.</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Widow</i>
MAIDEN NAME † <i>Mary Sinclair Smith</i>		
HUSBAND'S NAME † <i>Martin Granville Tewksbury</i>		
BIRTHPLACE ‡ <i>Boston Mass</i>		
NAME OF FATHER <i>Horace Bean</i>		
BIRTHPLACE OF FATHER ‡ <i>New Hampshire</i>		
MAIDEN NAME OF MOTHER <i>Achsah Holt-Smith</i>		
BIRTHPLACE OF MOTHER ‡ <i>New Hampshire</i>		
OCCUPATION <i>Retired</i>		
INFORMANT § <i>Daughter</i> <i>Mrs. Florence Tewksbury Crosby</i>		
PLACE OF BURIAL OR REMOVAL <i>Wollam Cemetery Everett Mass</i>		DATE OF BURIAL <i>March 17th 1900</i>
UNDERTAKER <i>C. R. Benson</i>		ADDRESS <i>Wintthrop</i>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Jan. 1* 1900 to *March 15* 1900, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Cardiac Dropsy*

(DURATION) *3* days

Contributory: *Myocarditis*

Indefinite (DURATION) _____ days

(Signed) *W. J. Carter* M.D.

March 14 1900 (Address) *Wintthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____

_____ 1900 _____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

29

Mary Susan Tewksbury

Mar 15 - 1910

THE COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Mary Lett Buss Registered No. _____
 Place of Death* Weymouth Mass 133 Washington St Date of Death Mar 17 1910
 Residence Weymouth Mass Age 57 years 4 months 9 days

STATISTICAL DETAILS

SEX Female COLOR W SINGLE ☒ MARRIED, WIDOWED, OR DIVORCED
 MAIDEN NAME † _____
 HUSBAND'S NAME † _____
 BIRTHPLACE ‡ Ellsworth Me
 NAME OF FATHER Charles T Hackell
 BIRTHPLACE OF FATHER ‡ Ellsworth Me
 MAIDEN NAME OF MOTHER Mary U Black
 BIRTHPLACE OF MOTHER ‡ Ellsworth Me
 OCCUPATION Housewife
 INFORMANT § Edward N Buss

PLACE OF BURIAL OR REMOVAL || Hyde Park Mass DATE OF BURIAL Mar 19 1910
 UNDERTAKER Oliver N. Fessenden ADDRESS Wakefield

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 1 1910 to March 16 1910, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Myocardial Regeneration

(DURATION) _____ DAYS
 Contributory: Obstruction of heart

(DURATION) 3 years DAYS
 (Signed) George R Southwick M.D.
March 19 1910 (Address) 31 Weymouth St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____ 19 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.
 ‡ State or country, also city, town or county, if known.
 § Name and address of person giving statistical details.
 || Name of cemetery.

ALL NAMES TO BE IN FULL

30 -

many leafy Buck
March 17-1910

31 March

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Frederick Temple Scott Registered No. _____
 Place of Death* Metcalfe Hospital Date of Death Mar 15 1980
 Residence 15 Sunny ave Age 2 years 22 months 22 days

STATISTICAL DETAILS

SEX M COLOR W SINGLE, MARRIED, WIDOWED, OR DIVORCED S

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

NAME OF FATHER

BIRTHPLACE ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Mar 16 1980 to Mar 17 1980, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Contributory:

(Signed)

Mar 19 1980

(Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed

1980

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

Frederick Remond's Sermon.

March 17, 1840.



RETURN OF A DEATH

Registered No.

FULL NAME WARREN SAMUEL SANBORN Date of Death Mar. 21, 1910Place of Death 125 Monument Street, Medford
NAME OF HOSPITAL OR INSTITUTION, IF ANY NO. STREETPlace of Residence 51 Winthrop Street, Winthrop, Mass. Age 40 years 3 months 6 days
NO. STREET CITY OR TOWN

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
MAIDEN NAME

HUSBAND'S FULL NAME

BIRTHPLACE AND DATE OF BIRTH

Portsmouth, N. H. Dec. 15, 1861

NAME OF FATHER

BIRTHPLACE OF FATHER

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER

OCCUPATION

FULL NAME OF INFORMANT

OFFICIAL TITLE

ADDRESS

PLACE OF BURIAL

Cemetery

City or Town

UNDERTAKER'S NAME

ADDRESS

I HEREBY CERTIFY that I attended deceased during last

illness from March 18, 1910,to March 21, 1910,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows :

Primary Alcoholism

Duration

Many yrs.Contributory Cardiac Asthenia

Duration

Many weeks(Signed) James S. Kennedy M.D.(Address) Medford Date Mar. 21, 1910

SPECIAL INFORMATION only for Hospitals, Institutions,

Transients, or Recent Residents.

Where was Disease Contracted?

How long at Place of Death?

Days

Recorded

Mar. 22, 1910 A. D. Hood,

Clerk of Board of Health

Filed

Mar. 26, 1910 Allston P. Joyce City Clerk

ALL NAMES TO BE IN FULL



RETURN OF A DEATH

Wentworth
(CITY OR TOWN.)

FULL NAME *Lydia Walden Lynch* Registered No. _____
 Place of Death* } *41 Carter St* Date of Death } *March 21 1910*
 Residence *Wentworth* Age *87* years *1* months *22* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*

MAIDEN NAME† *Lydia W. Goff*

HUSBAND'S NAME† *William H. Lynch*

BIRTHPLACE‡ *Bristol R.I.*

NAME OF FATHER *Sylvanus Goff*

BIRTHPLACE OF FATHER‡ *Providence R.I.*

MAIDEN NAME OF MOTHER *Ann Davis Gray*

BIRTHPLACE OF MOTHER‡ *Bristol R.I.*

OCCUPATION *sewer*

INFORMANT§ *daughter*

PLACE OF BURIAL OR REMOVAL|| *Providence R.I.*

DATE OF BURIAL *3/23 1910*

UNDERTAKER *C. R. Benson*

ADDRESS *Wentworth*

I HEREBY CERTIFY that I attended deceased during last illness, from *March 17 1910* to *March 21 1910*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Bronchitis*

(DURATION) *5* DAYS
Contributory: *Senile Atrophy*

(Signed) *J. J. Porto* M.D.
March 22 1910 (Address) *Wentworth*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed

_____ 1910 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL
FILL OUT WITH INK. THIS IS A PERMANENT RECORD

Lygia Halden Lynch

March 21-1910

RETURN OF A DEATH

FULL NAME Edward B. Vreeland Registered No. _____Place of Death * 308 Bondou St. Wintthrop W. Mass.Date of Death March 25 - 1900 Age 58 years _____ months 12 days

STATISTICAL DETAILS

SEX M COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED _____

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

NAME OF FATHER _____

BIRTHPLACE OF FATHER ‡ _____

MAIDEN NAME OF MOTHER _____

BIRTHPLACE OF MOTHER ‡ _____

OCCUPATION _____

INFORMANT § _____

PLACE OF BURIAL OR REMOVAL || _____

DATE OF BURIAL _____

UNDERTAKER _____

ADDRESS _____

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 20 1900 to March 23 1900, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Chronic Parenchymatousneplritis37 1/2 years

(DURATION) _____ DAYS

Contributory: Arteriosclerosis(DURATION) 10 DAYS(Signed) William H. H. Lane M.D.3/24 1900 (Address) Wentworth Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, if not at place of death? _____

Filed _____

190 _____

Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

33

Edward A. Ireland -
March 24 - 1910

Winthrop
(CITY OR TOWN)

(CITY OR TOWN.)

FULL NAME Baby King ~~State~~ ~~born~~ Registered No. _____
 Place of } Metairie Hospital Date of } Mar 25 1960
 Death* } _____ Death } _____
 Residence 1 Ocean View Lh Age X years X months 2 days

PHYSICIAN'S CERTIFICATE

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED _____
----------------------	-----------------------	---

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE†

NAME OF FATHER

BIRTHPLACE
OF FATHER†MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER†

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

I HEREBY CERTIFY that I attended deceased during last illness, from Feb 23 1996 to Feb 25 1996, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Contributory:

(Signed)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death? years months days

Where was disease contracted,
if not at place of death?....

Filed

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

† State or country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

34

Baby King

Dec 20, 1910

RETURN OF A DEATH

Winthrop
(City or Town.)

FULL NAME *Emma Elmin Adams* Registered No.
 Place of Death* } *Metcalf Hospital* Date of Death } *Mar 26* 19*60*
 Residence *15 Thornton Park Winthrop* Age *66* years *3* months *9* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*
 MAIDEN NAME† *Emma Elmin Ashley*
 HUSBAND'S NAME† *Chas. S. Adams*
 BIRTHPLACE‡ *Brooklyn N. Y.*
 NAME OF FATHER *James Morgan Ashley*
 BIRTHPLACE OF FATHER‡ *Sandy Hill N. Y.*
 MAIDEN NAME OF MOTHER *Emma Elmin Baldwin*
 BIRTHPLACE OF MOTHER‡ *Unknown*
 OCCUPATION *Homemaker*
 INFORMANT§ *Husband*
Chas. S. Adams

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb 14* 19*60* to *Feb 26* 19*60*,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Menigitis from nasobronchitis*

Contributory: *acute nephritis* (DURATION) *7* weeks

(Signed) *B. Metcalf* M.D. (DURATION) *3* days

Feb 28 19*60* (Address) *174 Wadsworth Ave*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed 19*60* Clerk

PLACE OF BURIAL OR REMOVAL|| *Winthrop Cemetery* DATE OF BURIAL *3/23* 19*60*
 UNDERTAKER *C. R. Barron* ADDRESS *Winthrop*

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
 † In case of married or divorced woman, or widow.
 ‡ State or country; also city, town or county, if known.
 § Name and address of person giving statistical details.
 || Name of cemetery.

FILL OUT WITH INK. THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

35

Comma. Alucida. Adams.

Mich. 26. 1880

RETURN OF A DEATH

FULL NAME Matthie Myrick McKuson Registered No.Place of Death * 72 Pleasant St. HinghamDate of Death March 28, 1910 Age 76 years months days

STATISTICAL DETAILS

SEX F COLOR W SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME † Matthie M. Horton

HUSBAND'S NAME † Sam B. McKuson

BIRTHPLACE ‡ Canaan, Mass.

NAME OF FATHER Sam Horton

BIRTHPLACE OF FATHER ‡ Eastham, Mass.

MAIDEN NAME OF MOTHER Elizabeth Gould

BIRTHPLACE OF MOTHER ‡ Eastham, Mass.

OCCUPATION

INFORMANT §

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Mar 1 1910 to Mar 28 1910,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Curvature of Spine

(DURATION) DAYS

Contributory: Senility

(DURATION) DAYS

(Signed) Horace I. Soule M.D.Mar 28 1910 (Address) Hingham.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

190.....

Clerk

PLACE OF BURIAL OR REMOVAL || DATE OF BURIAL

Provincetown Mass. Mar 31 1910

UNDERTAKER ADDRESS

C. Shaggy 2 Hingham St.

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

36

Martha August Nickerson
mch 28 - 1910

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *R. J. Fieddie Douglas* Registered No. *37*
 Place of Death* *Lincoln St. Wintthrop* Date of Death *April 1900*
 Residence *Lincoln St. Wintthrop* Age *6* years *1* month *5* days

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡		
<i>Prince Edward Island -</i>		
NAME OF FATHER		
<i>Geo. Douglas</i>		
BIRTHPLACE OF FATHER ‡		
<i>Prince Edward Island</i>		
MAIDEN NAME OF MOTHER		
<i>Ann Coffin -</i>		
BIRTHPLACE OF MOTHER ‡		
<i>Prince Edward Island</i>		
OCCUPATION		
<i>Boat Tender -</i>		
INFORMANT §		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb. 15th* 1900 to *April 1900*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Cancer of the Stomach*

Probably 4 months (DURATION) DAYS

Contributory: *Indigestion*

(DURATION) DAYS

(Signed) *B. H. Campbell* M.D.

Feb. 15th 1900 (Address) *24 Market St.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

1900

Clerk

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
<i>Wintthrop Cem.</i>	<i>4-5-1900</i>
UNDERTAKER	ADDRESS
<i>H. C. Shappee</i>	<i>Columbia Square</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

37

R. J. Geddie Douglas

April 3, 1910

RETURN OF A DEATH

Stoughton
(CITY OR TOWN.)
25

FULL NAME James Freeman Drake Mason Registered No. _____
 Place of Death } Stoughton Date of Death } Apr. 3 19 10
Winthrop Age 76 years 10 months 16 days
 Residence _____

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <u>M</u>	COLOR <u>W</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>W</u>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <u>Swansea</u>		
NAME OF FATHER <u>George Mason</u>		
BIRTHPLACE OF FATHER ‡ <u>Swansea</u>		
MAIDEN NAME OF MOTHER <u>Sarah E. Davis</u>		
BIRTHPLACE OF MOTHER ‡ <u>Rehoboth</u>		
OCCUPATION <u>Pattern maker</u>		
INFORMANT § <u>Mrs. H. D. M. Crane,</u> <u>Stoughton</u> <u>Daughter.</u>		

viewed
 I HEREBY CERTIFY that I attended deceased during last
 illness, from Apr. 4 19 10 to Apr. 3 19 10,
 that to the best of my knowledge and belief death occurred on the
 date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: Concussion of Brain
 (DURATION) _____ DAYS
 Contributory: Abscess of Brain
 (DURATION) _____ DAYS
 (Signed) W. O. Faxon, Medical Examiner
5 Norfolk Dist. M.D.
Apr. 4 19 10 (Address) Stoughton.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients,
 or Recent Residents.

How long at Place of Death? _____ years _____ months 4 days
 Where was disease contracted if not at place of death? Had a fall #211 Fountain St., Providence, March 3 19 10

Filed
May 6 19 10, Geo. O. Wentworth
 Clerk

PLACE OF BURIAL OR REMOVAL ‖ <u>Mt. Pleasant Cem.</u> <u>Taunton</u>	DATE OF BURIAL <u>Apr. 4,</u> 19 <u>10</u>
UNDERTAKER <u>Lowe, Smith & Powers</u>	ADDRESS <u>Stoughton</u>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL



RETURN OF A DEATH

FULL NAME *Margaret Jane Douglas* Registered No. *38*Place of Death * *16 Gore St. Winthrop Mass.*Date of Death *April 8* Age *68* years *7* months *5* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ *Int. Stuart - Prince Edwards Island*

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL †

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *April 4* 190 to *April 7* 190, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: *Diphtheria (Mellitus)*(DURATION) *2* DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *B. W. Melcal* M.D.*April 8* 190 (Address) *Winthrop Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, if not at place of death? _____

Filed _____

_____ 190 _____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

38

margaret Jane Douglas

april 8, 1910

THE COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Lottie Lillian Merrice* Registered No. *39*
 Place of Death* } *#19 River Street* Date of Death } *4/9* 19*10*
 Residence *" " "* Age *10* years *7* months *9* days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>white</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Winthrop Mass</i>		
NAME OF FATHER <i>Walter E.</i>		
BIRTHPLACE OF FATHER ‡ <i>Lewiston Me</i>		
MAIDEN NAME OF MOTHER <i>Mary Turner</i>		
BIRTHPLACE OF MOTHER ‡ <i>Lewiston Me</i>		
OCCUPATION <i>School Girl</i>		
INFORMANT § <i>Jackie Walter E.</i>		

PLACE OF BURIAL OR REMOVAL ‖ <i>Winthrop Cemetery</i>	DATE OF BURIAL <i>4/12</i> 19 <i>10</i>
UNDERTAKER <i>C R Bennett</i>	ADDRESS <i>Winthrop</i>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *April 1st* 19*10* to *April 9th* 19*10*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: *Pericarditis*

(DURATION) *doubtful* DAYS
 Contributory: *Rheumatism*
 (DURATION) *doubtful* DAYS
 (Signed) *Horace J. Soule* M.D.
 19 (Address) *Winthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

19

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

FILL OUT WITH INK

39

Lottie Lillian Merrill

April 9, 1910

CITY OF
BOSTON.

RETURN OF A DEATH—1910.

FULL NAME Agnes C Draeger Registered No. 3571Place of Death } Boston
and Residence } Mass. Gen. Hospt.Date of Death Apr. 11 1910. Age 35 years 2 months 10 days.

STATISTICAL DETAILS.

SEX F COLOR W SINGLE, MARRIED, WID., DIV. MMaiden Name SmithHusband's Name Paul DraegerBirthplace EnglandName of Father William R SmithBirthplace of Father EnglandMaiden Name of Mother Clara E ThretcherBirthplace of Mother EnglandOccupation Housewife

Informant

Place of Burial or removal Mt HopeUndertaker Smith & Peak

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1910, to 1910,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } Gen. Peritonitis, Intestinal ob-
(Duration) } struction, fol: Salpingectomy
and appendectomy - 11 dysContributory: }
(Duration) }(Signed) C. R. Metcalf M.D.

..... 1910

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Admitted to hospital Mar. 21, 1910Usual Residence Winthrop (147 Main st)Filed Apr. 14 1910.A true copy.
Attest:*EWM Glenew*

Registrar.

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Emeline Murch Registered No. 140
 Place of Death* } 329 Winthrop St Date of Death } 4 1910
 Residence Age 80 years months days

STATISTICAL DETAILS

SEX <u>Female</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>
MAIDEN NAME † <u>Emeline Thomas</u>		
HUSBAND'S NAME † <u>Edmund Murch</u>		
BIRTHPLACE ‡ <u>Eden Me</u>		
NAME OF FATHER <u>Comfort Thomas</u>		
BIRTHPLACE OF FATHER ‡ <u>Eden Me</u>		
MAIDEN NAME OF MOTHER <u>Melinda Parker</u>		
BIRTHPLACE OF MOTHER ‡ <u>Unknown</u>		
OCCUPATION <u>Retired</u>		
INFORMANT § <u>Son Frank P. Murch</u>		

PLACE OF BURIAL OR REMOVAL <u>Lewiston Me</u>	DATE OF BURIAL <u>4/13</u> 19 <u>10</u>
UNDERTAKER <u>C R Benson</u>	ADDRESS <u>Winthrop</u>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov 1909 to April 11 1910, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Senile Anaemia
4 months (DURATION) DAYS
 Contributory: Cerebral Apoplexy
 (DURATION) DAYS
 (Signed) J. J. Johnson M.D.
April 11, 1910 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days
 Where was disease contracted, if not at place of death?

Filed 19 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Sub 10

FILL OUT WITH INK. THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

40

Emeline Murch

April 11, 1910

Winthrop
~~BOSTON~~

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. Metcalf Hospital St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Frank S. Maloney

Registered No.

41

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Married

6 DATE OF BIRTH

1856
(Month) (Day) (Year)

7 AGE

54

If LESS than

1 day, hrs.

or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Undertaker

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Batavia N. Y.

10 NAME OF FATHER

Frank

11 BIRTHPLACE OF FATHER

(State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Katharine Gallagher

13 BIRTHPLACE OF MOTHER

(State or country)

Java, N. Y.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Maria T. Maloney

(Address)

350 Winthrop St.

15

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April

15

1910
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

March 1910, to April 11, 1910,

that I last saw him alive on April 11, 1910,

and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(Duration) yrs. mos. ds.

Contributory Cause: acute indigestion, embolism

(Duration) yrs. mos. ds.

(Signed) M. D.

April 13, 1910 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross, Malden April 14, 1910

20 UNDERTAKER

ADDRESS

Edward J. Dando 123 Maverick St. Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Standard Certificate of Death.

Statement of occupation.—Precise statement of occupa-

tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"), *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*;

Broncho-pneumonia ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Calvin Page Low* Registered No. *42*
Place of Death } *60 Cliff Ave Winthrop* Date of Death } *4/14 1910*
Residence *6 6 6* Age *63* years.....months.....days

STATISTICAL DETAILS

SEX <i>M</i>	COLOR <i>W</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Boston</i>		
NAME OF FATHER <i>Francis Low</i>		
BIRTHPLACE OF FATHER ‡ <i>Barre Mass</i>		
MAIDEN NAME OF MOTHER <i>Lucinda Gates</i>		
BIRTHPLACE OF MOTHER ‡ <i>Lingham Mass</i>		
OCCUPATION <i>Rigger</i>		
INFORMANT § <i>Wife & Sister</i>		

PLACE OF BURIAL OR REMOVAL <i>Woodlawn Cemetery Mass</i>	DATE OF BURIAL <i>4/17 1910</i>
UNDERTAKER <i>C R Benson</i>	ADDRESS <i>Winthrop</i>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Dec. 30 1909* to *Apr. 14 1910*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Mitral Stenosis*

Insolub. (DURATION).....DAYS

Contributory: *Acute Nephritis*

1910. (DURATION).....DAYS

(Signed) *M. J. Pore* M.D.

Apr. 15 1910 (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death ?years.....months.....days

Where was disease contracted, If not at place of death?

Filed
.....19..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Calvin Page Low

April 14, 1910

CITY OF
BOSTON.

RETURN OF A DEATH—1910.

FULL NAME Emeline G Hemenway Registered No. 3722Place of Death } Boston
and Residence } Faulkner HosptDate of Death Apr. 14 1910. Age 43 years 5 months 24 days.

STATISTICAL DETAILS.

SEX F COLOR W SINGLE, MARRIED, WID., DIV. MMaiden Name WebberHusband's Name Edwin A WebberBirthplace Monroe, Me.Name of Father Horace C WebberBirthplace of Father BostonMaiden Name of Mother Eliza A GoldsmithBirthplace of Mother -----Me.Occupation Housewife

Informant

Place of Burial or removal Mass. CrematoryUndertaker J S Waterman & Sons

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1910, to 1910,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary } Peritonitis - 7 days
(Duration)Contributory: } Hysterectomy for Fibroid
(Duration) } cancer of Uterus(Signed) F. Coggeshall M.D.Apr. 15 1910

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WinthropFiled Apr. 20 1910.A true copy.
Attest:EWM Glenen

Registrar.



COMMONWEALTH OF MASSACHUSETTS

Winthrop Mass.
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME *George Perkins Jackson* Registered No. *43*
 Place of Death } *11 Revere St Winthrop* Date of Death } *April 19* 19*00*
 Residence *11 Revere St* Age *66* years *2* months *3* days

STATISTICAL DETAILS

SEX *Male* COLOR *white* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ *Boston Mass.*

NAME OF FATHER *George*

BIRTHPLACE OF FATHER ‡ *Charlestown Mass.*

MAIDEN NAME OF MOTHER *Catherine Bean*

BIRTHPLACE OF MOTHER ‡ *Boston*

OCCUPATION *Ship Caulker*

INFORMANT § *Mary Jackson*
11 Revere St.

PLACE OF BURIAL OR REMOVAL || *Holy Cross Malden*

DATE OF BURIAL *April 22* 19*00*

UNDERTAKER *Mrs. J. Lane*

ADDRESS *120 Haver St*
E. Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Jan 1* 19*00* to *Apr 19* 19*00*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Carcinoma of intestines*
& omentum

(DURATION) *3 1/2* weeks

Contributory:

(DURATION) _____ DAYS

(Signed) *Edward J. Fraizer* M.D.
Apr 21 19*00* (Address) *304 Winthrop St.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed

1900

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK. THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

George Perkins Jackson

April 19, 1910

RETURN OF A DEATH—1910.

BOSTON.

FULL NAME Majorie Dickson Registered No. 3952Place of Death } Boston
and Residence } Cullis Cons.Home.Date of Death Apr. 22 1910. Age 19 years 3 months 16 days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

WS

Maiden Name

Husband's Name

Chelsea

Birthplace

Name of
FatherRobert M. DicksonBirthplace
of FatherOttawa, Can.Maiden Name
of MotherMargaret F. WilsonBirthplace
of MotherNinico, Ont. (Can)

Occupation

At Home

Informant

Place of Burial
or removalWinthrop Winthrop Cem

Undertaker

H. H. White

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1910, to 1910,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } Tuberculosis - 1 yr
(Duration)Contributory: } Myocardial degeneration
(Duration)(Signed) E. P. Ruggles M.D.Apr. 22 1910

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence Winthrop (7 Nahant ave)Filed Apr. 27 1910.A true copy.
Attest:EWM Glenen

Registrar.



STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No.

319 Winthrop

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Mary Gertrude Hickey

[If married or divorced woman or widow give maiden name, also name of husband.]

319 Winthrop St Winthrop

3 RESIDENCE

Registered No. 44

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

7 DATE OF BIRTH

December 1

(Month)

(Day)

(Year)

8 AGE

42 yrs. x mos. x ds.

If LESS than

1 day, hrs.

or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

House - Work

(b) General nature of industry, business, or establishment in which employed (or employer)

Home

10 BIRTHPLACE (State or country)

Boston Mass

11 NAME OF FATHER

Thomas Hickey

12 BIRTHPLACE OF FATHER (State or country)

Ireland

13 MAIDEN NAME OF MOTHER

Ellen O'Neil

14 BIRTHPLACE OF MOTHER (State or country)

Ireland

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Bartholomew E. Herbert

(Address)

319 Winthrop St

16

Filed, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

April 20

(Month)

(Day)

1910 (Year)

18 I HEREBY CERTIFY that I attended deceased from

2/20

1910, to

7/15

1910

that I last saw him alive on

7/15

1910

and that death occurred, on the date stated above, at

34 m.

The CAUSE OF DEATH* was as follows:

acute myocardial infarction

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

chronic valvular disease

(Duration) yrs. mos. ds.

(Signed)

James J. [Signature]

M. D.

(Address) 21 [Address]

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 3 mos. ds. In the State 42 yrs. mos. ds.

Where was disease contracted, 32 Locust St & E. Boston

If not at place of death? Former or usual residence 32 Locust St & E. Boston

20 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross Cemetery

April 29, 1910

21 UNDERTAKER

ADDRESS

P. J. McLaughlin

91 Chelsea St

Standard Certificate of Death.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*;

Broncho-pneumonia ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *20 ds.*; *Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Træmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH

Winthrop Mass
(CITY OR TOWN.)

FULL NAME Elizabeth Richard Elliot Registered No. 45
 Place of Death* } 62 Thornton Pk Winthrop Date of Death } May 5 1900
 Residence 62 Thornton Pk Winthrop Age 86 years 11 months 16 days

STATISTICAL DETAILS

SEX <u>Female</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME† <u>Elizabeth Richards</u>		
HUSBAND'S NAME† <u>William L Elliot</u>		
BIRTHPLACE‡ <u>Philadelphia</u>		
NAME OF FATHER <u>unknown Richards</u>		
BIRTHPLACE OF FATHER‡ <u>unknown</u>		
MAIDEN NAME OF MOTHER <u>Rebecca Willis</u>		
BIRTHPLACE OF MOTHER‡ <u>Dedham Mass</u>		
OCCUPATION <u>unknown</u>		
INFORMANT§ <u>J J Waterman & Son</u>		
PLACE OF BURIAL OR REMOVAL <u>Forest Hills</u>		DATE OF BURIAL <u>May 8 1900</u>
UNDERTAKER <u>J J Waterman & Son</u>		ADDRESS <u>Washington St</u>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 1900 to May 5 1900, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Arterio-sclerosis(DURATION) Years DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) J Golson M.D.May 6 1900 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed June 14 1900 Preston B Churchill Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

no 45
Elizabeth Richards Elliot
May 5, 1910

RETURN OF A DEATH

FULL NAME *Mary D. Morrill* Registered No. *102*
 Place of Death* } *Hoble Hospital Westfield* Date of Death } *May 7* 19*06*
 Residence *Winthrop, Mass* Age *38* years *1* months *—* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *♀* COLOR *W.* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
 MAIDEN NAME † *Mary D. Nesbit*
 HUSBAND'S NAME † *Scott W. Morrill*
 BIRTHPLACE ‡ *Pittsfield, Mass*
 NAME OF FATHER *Thomas Nesbit*
 BIRTHPLACE OF FATHER ‡ *Scotland*
 MAIDEN NAME OF MOTHER *Grace Buchan*
 BIRTHPLACE OF MOTHER ‡ *Scotland*
 OCCUPATION *Housewife*
 INFORMANT § *Scott W. Morrill*
Husband

I HEREBY CERTIFY that I attended deceased during last illness, from *Apr. 29* 19*06* to *May 7* 19*06*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: *intestinal obstruction and peritonitis*

(DURATION) *5* DAYSContributory: *child birth*(DURATION) *8* DAYS(Signed) *G. H. James* M.D.May *9* 19*06* (Address) *Westfield, Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

May *18* 19*06* *Chas W. Oakes*
Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL || *Pittsfield, Mass* DATE OF BURIAL *May 9, 1906*
 UNDERTAKER *Lambson Purn Co.* ADDRESS *Westfield, Mass*

FILL OUT WITH INK. THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL



RETURN OF A DEATH

Wintthrop
(CITY OR TOWN.)

FULL NAME *William A. Aiken* Registered No. *H 6*
Place of Death* } *211 Wintthrop St* Date of } *5/8* 1910
Residence *Wintthrop Mass* Age *69* years *4* months *23* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <i>M</i>	COLOR <i>W</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Widowed</i>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Boston Mass</i>		
NAME OF FATHER <i>James Aiken</i>		
BIRTHPLACE OF FATHER ‡ <i>Boston Mass</i>		
MAIDEN NAME OF MOTHER <i>Hannah Henry</i>		
BIRTHPLACE OF MOTHER ‡ <i>Duxbury Mass</i>		
OCCUPATION <i>Retired</i>		
INFORMANT § <i>W. W. Aiken "Son"</i>		

I HEREBY CERTIFY that I attended deceased during last illness, from *April 1st* 1910 to *May 8* 1910, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Grapple*
Arterio Sclerosis (General)
(DURATION) *8* DAYS

Contributory: *old age*
(DURATION) *69 yrs* DAYS

(Signed) *W. H. Aiken* M.D.
May 9 1910 (Address) *Wintthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed
June 4 1910. Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL <i>Wintthrop Cemetery</i>	DATE OF BURIAL <i>5/10</i> 1910
UNDERTAKER <i>C. R. Cameron</i>	ADDRESS <i>Wintthrop Mass</i>

FILL OUT WITH INK. - THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

46
William A. Aiken
May 8, 1910

Chick Thelmer
25 June 11

RETURN OF A DEATH

Wintrop
(CITY OR TOWN.)

FULL NAME *Bennett Druffy Aubrey* Registered No. *147*
Place of Death* *64 Harbor View Ave* Date of Death *May 16* 19*10*
Residence *Wintrop Mass* Age *10* years *20* months *20* days

STATISTICAL DETAILS

SEX <i>M</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>64 Harbor View Ave Wintrop</i>		
NAME OF FATHER <i>Benjamin A.</i>		
BIRTHPLACE OF FATHER ‡ <i>New Haven Conn</i>		
MAIDEN NAME OF MOTHER <i>Nesby Rose Bean</i>		
BIRTHPLACE OF MOTHER ‡ <i>New Haven Conn</i>		
OCCUPATION <i>Teacher</i>		
INFORMANT § <i>Father</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Apr. 1* 19*10* to *May 16* 19*10*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Infantile Paralysis*

6 wks. (DURATION) DAYS

Contributory: *Guippen* (DURATION) DAYS

(Signed) *W. B. Boy* M.D.

May 18 19*10* (Address) *Wintrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed *June 14* 19*10* Clerk

PLACE OF BURIAL OR REMOVAL ‖

DATE OF BURIAL

Wintrop Cemetery *May 18* 19*10*

UNDERTAKER

ADDRESS

C. R. Benson *Wintrop*

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

47

Bennett Luffey Aubrey

May 16, 1910.

RETURN OF A DEATH

Wentworth
(CITY OR TOWN.)

FULL NAME Robert Hawthorne Hanley Registered No. 48
 Place of Death* Melrose Hospital Wentworth Mass Date of Death May 18th 1910
 Residence Age 14 years 6 months 7 days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

UNDERTAKER

DATE OF BURIAL

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 15 1910 to May 18 1910, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Perforated appendix
General Peritonitis (DURATION) 3 DAYS

Contributory:

(Signed) 31 Melrose M.D.

May 19 1910 (Address) Wentworth Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months 3 days

Where was disease contracted, if not at place of death? Bowdoin St.

Filed

June 1st 1910 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

48

Robert Hawthorne Hardy

May 18, 1910.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

(No. *79 Atlantic*)

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Ellen Theresa O'Maley

Ellen Theresa Kelly John F. O'Maley

Registered No. *49*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR, DIVORCED (Write the word)

married

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

34 yrs. *4* mos. *16* ds.

If LESS than 1 day,.....hrs. or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

East Boston, Mass.

10 NAME OF FATHER

Patrick Kelly

11 BIRTHPLACE OF FATHER (State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Bridget Kehoe

13 BIRTHPLACE OF MOTHER (State or country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

John F. O'Maley
79 Atlantic St

15 Filed *June 4*, 191*0*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May 21, 191*0*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *or May 22*, 191*0*, to *May 21*, 191*0*,

that I last saw h*er* alive on *May 21*, 191*0*,

and that death occurred, on the date stated above, at *—* m.

The CAUSE OF DEATH* was as follows:

Acute indigestion

(Duration).....yrs.....mos.....*1* ds.

Contributory (SECONDARY)

Pulmonary tuberculosis

(Duration).....yrs.....*3* mos.....*?* ds.

(Signed) *Edward J. Granger*, M. D.

May 22, 191*0*. (Address) *304 W. Millis St.*

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross Malden *May 24th*, 191*0*

20 UNDERTAKER

ADDRESS

Frederick A. Magnoth *60 Meridian St. & K*

Standard Certificate of Death.

Statement of occupation. —

Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*;

Broncho-pneumonia ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Træmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

- Cases for the Medical Examiners.**—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:
1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
 2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
 3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
 4. Deaths under circumstances unknown, as *A person found dead*, etc.

Ellen Theresa O'Malley May 21, 1910

RETURN OF A DEATH

Winsted
(CITY OR TOWN.)

FULL NAME *Alexander* Registered No. *58*
Place of Death* *Melrose Hospital* Date of Death *May 23, 1910*
Residence *5 Summit Ave* Age *26* years *10* months *10* days

STATISTICAL DETAILS

SEX *M* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *May 23* 19 *to* 19 *that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:*

Primary:

Contributory:

(Signed)

May 23, 1910

(Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death? *years* *months* *days*

Where was disease contracted, if not at place of death?

Filed

Aug. 6, 1910

Eulalie Churchill
aust. Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

58 51

Alexander

May 23, 1910.

5 years old

Summer

Alexander

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. 50 Atlantic St.;

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Ward)

2 FULL NAME

Emily Shaw Henderson

[If married or divorced woman or widow give maiden name, also name of husband.]

maiden name Thring widow of John W. Henderson

3 RESIDENCE

Registered No. 50

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

widowed

6 DATE OF BIRTH

March 23, 1848 (Month) (Day) (Year)

7 AGE

62 yrs. 2 mos. 3 ds. or LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

At home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

London England

10 NAME OF FATHER

George Thring

11 BIRTHPLACE OF FATHER (State or country)

England

12 MAIDEN NAME OF MOTHER

Sophia

13 BIRTHPLACE OF MOTHER (State or country)

England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Jessie E. Henderson

(Address)

50 Atlantic St. Winthrop

15

Filed June 4, 1910.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May 26, 1910 (Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

May 26, 1910, to May 26, 1910,

that I last saw him alive on May 26, 1910,

and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Multilocula cyst and naemia

Contributory (SECONDARY)

Sexual yrs. mos. ds.

naemia

(Duration) yrs. 1 mos. ds.

(Signed)

May 27, 1910 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Glenwood Everett May 28, 1910

20 UNDERTAKER'S

ADDRESS

J. E. Henderson & Co Everett Mass

N. B. — Every item of information should be carefully supplied. AGE must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Trail engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*), etc., (*carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 2nd ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicæmia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Esposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

Emily C. Henderson May 26, 1910

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Nettie E. Tury* Registered No. *51*
 Place of Death* *43 Red St.* Date of Death *May 26* 19*10*
 Residence *" " Winthrop Mass.* Age *50* years *1* months *11* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <i>F.</i>	COLOR <i>W.</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † <i>Nettie E. Vaughan</i>		
HUSBAND'S NAME † <i>Carney S. Tury</i>		
BIRTHPLACE ‡ <i>Redford N.Y.</i>		
NAME OF FATHER <i>Rodney Vaughan</i>		
BIRTHPLACE OF FATHER ‡ <i>Redford N.Y.</i>		
MAIDEN NAME OF MOTHER <i>Ellen Parsons</i>		
BIRTHPLACE OF MOTHER ‡ <i>Danvers N.Y.</i>		
OCCUPATION <i>At home</i>		
INFORMANT § <i>Unknown</i>		

I HEREBY CERTIFY that I attended deceased during last illness, from *March* 19*10* to *May 26* 19*10*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Angina Pectoris*

Contributory: *Chronic Intestinal* (DURATION) _____ DAYS

Nephritis (DURATION) _____ DAYS

(Signed) *Harvey J. Kelly* M.D.

5/26 19*10* (Address) *263 W. Winthrop St.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed *June 4* 19*10*. *Preston B. Churchill*
Town Clerk

PLACE OF BURIAL OR REMOVAL <i>Cummock N.H.</i>	DATE OF BURIAL <i>5-27</i> 19 <i>10</i>
UNDERTAKER <i>H.C. Skaggs</i>	ADDRESS <i>Columbia St.</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

51
Nettie E. Terry
May 26, 1910

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Hospital, Fort Barks, Mass.

(No. _____)

St. _____

Ward _____

2 FULL NAME

Thomas Foley, Pvt. 1st, Hospital Comp., U. S. A.

[If married or divorced woman or widow give maiden name, also name of husband.]

Single.

3 RESIDENCE

Registered No. 52

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

7 DATE OF BIRTH

Unknown

(Month)

(Day)

1872 (Year)

8 AGE

36

yrs.

11

mos.

ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Soldier.

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Mass.

11 NAME OF FATHER

Unknown.

12 BIRTHPLACE OF FATHER (State or country)

Unknown.

13 MAIDEN NAME OF MOTHER

Unknown.

14 BIRTHPLACE OF MOTHER (State or country)

Unknown.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Myrdan, Sergt., U. S. A.

(Address)

Hospital, Ft. Barks, Mass.

16

Filed June 4 1910

Preston B. Churchill

REGISTRAR

17 DATE OF DEATH

May

29th

1910

(Month)

(Day)

(Year)

I HEREBY CERTIFY that I attended deceased from May 21st, 1910, to May 29th, 1910, that I last saw him alive on May 29th, 1910, and that death occurred, on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

Coronary sclerosis, Chronic inter-lobar pneumonia, Double hydrothorax

(Duration) yrs. mos. ds.

(Signed)

W. A. Watson

Major, U. S. A., M. D.

May 29th 1910, (Address) Fort Barks, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Unknown

Former or usual residence

Unknown

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Maynard Mass.

1910

20 UNDERTAKER

ADDRESS

Gordon D. W. Brown 280 Meridian St. East Boston

N. B. — Every item of information supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Jury laborer*, *Farm laborer*, *Laborer*—(*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthénia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Træmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

Thos. Foley May 29, 1910

RETURN OF A DEATH

Wintthrop Mass
(CITY OR TOWN.)

FULL NAME *Robert George Harris* Registered No. *53*
 Place of Death* *46 Bowdoin St. Wintthrop* Date of Death *June 1* 19*00*
 Residence *46 Bowdoin St. Wintthrop* Age *68* years? months days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <i>M.</i>	COLOR <i>W.</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Widower</i>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>England</i>		
NAME OF FATHER <i>Unknown</i>		
BIRTHPLACE OF FATHER ‡ <i>England</i>		
MAIDEN NAME OF MOTHER <i>Unknown</i>		
BIRTHPLACE OF MOTHER ‡ <i>England</i>		
OCCUPATION <i>Retired Brass Finisher</i>		
INFORMANT § <i>Edmund R. Harris</i>		

I HEREBY CERTIFY that I attended deceased during last illness, from *May 26* 190*0* to *June 1* 190*0*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Posterior Spinal Sclerosis*
 POSTERIOR SPINAL SCLEROSIS

(DURATION) *1 year*
 Contributory: *weak heart*

(SIGNED) *E. J. [Signature]* M.D.
June 21 190*0* (Address) *Wintthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed 190 Clerk

PLACE OF BURIAL OR REMOVAL <i>Wardlaw Bmt. Wintthrop Mass.</i>	DATE OF BURIAL <i>June 1</i> 190 <i>0</i>
UNDERTAKER <i>[Signature]</i>	ADDRESS <i>46 Bowdoin St. Wintthrop</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Robert George Harris

June 1, 1910.

Winthrop Mass.
BOSTON

STANDARD CERTIFICATE OF DEATH

PLACE OF DEATH

Winthrop Mass. (No. 30 Coral Ave. St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

Martin L. O'Brien

[If married or divorced woman or widow give maiden name, also name of husband.]

RESIDENCE

30 Coral Ave. Winthrop Mass. Registered No. 54

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR OR RACE

White

SINGLE, MARRIED, WIDOWED, OR DIVORCED

married (Write the word)

DATE OF BIRTH

Month Day Year

AGE

37

If LESS than 1 day, hrs. or min.?

OCCUPATION

(a) Trade, profession, or particular kind of work Journalist

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(State or country) Ireland

NAME OF FATHER

John

BIRTHPLACE OF FATHER

Ireland

MAIDEN NAME OF MOTHER

Mary Hahey

BIRTHPLACE OF MOTHER

Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Janie O'Brien

(Address) 30 Coral Ave Winthrop

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

June 14, 1910 (Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

June 6, 1910, to June 14, 1910,

that I last saw him alive on June 13, 1910,

and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Rufus K. Noyes, M.D.

June 15, 1910. (Address) 50 Charles St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

St. Paul's Church, Rochester

DATE OF BURIAL

June 16, 1910

UNDERTAKER

J. Hos. L. Lane

ADDRESS

120 Haver St. S. Boston

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH OUTLINES, INK THIS IS A PERMANENT RECORD

Standard Certificate of Death.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industries, etc., it is necessary to know (a) the kind of employment, and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc.

Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*;

Broncho-pneumonia ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc.

The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *20 ds.*; *Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Ræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Metcalf Hospital (No. *174* *Winthrop* St.; Ward)

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE *24 Belcher Street*

Registered No. *55*

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

widowed

7 DATE OF BIRTH

(Month) (Day) (Year)

8 AGE

84 yrs. *6* mos. *22* ds.

If LESS than
1 day, hrs.
or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work *Carpenter*

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country) *Lubeck Me*

11 NAME OF FATHER

William Coggin

12 BIRTHPLACE OF FATHER
(State or country)

Lubeck Me

13 MAIDEN NAME OF MOTHER

Maria L. Coggin

14 BIRTHPLACE OF MOTHER
(State or country)

Unknown

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Oliver Coggin*
(Address) *C.R. Benson Winthrop Mass*

Filed *11* 1910

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 18 1910
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH was as follows:

*Multiple fractures of ribs & of collar bone
lacerated lung
accidental - fall from
scaffolding*
(Duration) yrs. mos. ds.

Contributory
(SECONDARY)

(Signed) *Paul H. Tracy* M.D.
June 18 1910 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop Mass

DATE OF BURIAL

June 16 1910

20 UNDERTAKER

C.R. Benson

ADDRESS

Winthrop

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Struma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Imanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Reverber wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Mary E. Stevenson Registered No. 56
 Place of Death* } 23 Buchanan St. Date of Death } June 21 1910
 Residence Age 79 years..... 10 months..... 16 days

STATISTICAL DETAILS

SEX <u>F</u>	COLOR <u>W</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † <u>Mary E. Gates</u>		
HUSBAND'S NAME † <u>John Stevenson</u>		
BIRTHPLACE ‡ <u>Wanaque Mt. N. S.</u>		
NAME OF FATHER <u>Frederick C. Gates</u>		
BIRTHPLACE OF FATHER ‡ <u>Weymouth N. S.</u>		
MAIDEN NAME OF MOTHER <u>Mary H. Marshall</u>		
BIRTHPLACE OF MOTHER ‡ <u>Concord Mt. N. S.</u>		
OCCUPATION <u>Housewife</u>		
INFORMANT §		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from March 1910 to June 21 1910, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: Abdominal Cancer

(DURATION) 79 DAYS

Contributory:

(DURATION) DAYS

(Signed) J. H. (unclear) M.D.June 21 1910 (Address) Weymouth, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years..... months..... days

Where was disease contracted, if not at place of death?

Filed

..... 19

Clerk

PLACE OF BURIAL OR REMOVAL <u>Winthrop Ave</u>	DATE OF BURIAL <u>June 23, 1910</u>
UNDERTAKER <u>H. C. Lloyd</u>	ADDRESS <u>Concord Mass</u>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

Mary E. Stevenson

June 21, 1910.

CITY OF
BOSTON.

RETURN OF A DEATH—1910.

FULL NAME Theodore L Boyd Registered No. 5783Place of Death } Boston
and Residence } Mass.Gen.Hospt.Date of Death Jun. 21 1910. Age 32 years 10 months 4 days.

STATISTICAL DETAILS.

SEX M COLOR W SINGLE, MARRIED, WID., DIV. S

Maiden Name.....

Husband's Name.....

Birthplace Boston (East)Name of Father Isaac L BoydBirthplace of Father CubaMaiden Name of Mother Mary CarpenterBirthplace of Mother St John, N. B.Occupation Laborer

Informant.....

Place of Burial or removal Winthrop "Winthrop Cem"Undertaker W C SkaggsWinthrop

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1910, to 1910,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary:
(Duration)Syncope, Opr. ac. retention -
stricture of urethraContributory:
(Duration)(Signed) G B Magrath, Mod. Hx. M.D.Jun. 23

1910

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence Winthrop (70 Cora St)Filed Jun. 25 1910.A true copy.
Attest:EWM Glenen

Registrar.

RETURN OF A DEATH

Wentworth
(CITY OR TOWN.)FULL NAME *Williard Henri Joveil*Registered No. *57*Place of Death* } *#150 Loring Road*Date of Death } *June 23* 19*10*Residence " " *Wentworth* Age *56* years *X* months *18* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Malden Mass

NAME OF FATHER

George Joveil

BIRTHPLACE OF FATHER ‡

Unknown

MAIDEN NAME OF MOTHER

Caroline Jepson

BIRTHPLACE OF MOTHER ‡

Unknown

OCCUPATION

Astrologer

INFORMANT §

Wife

PLACE OF BURIAL OR REMOVAL ||

Wentworth Cemetery

DATE OF BURIAL

June 26 19*10*

UNDERTAKER

C. R. Bennett

ADDRESS

Wentworth

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *May 28*, 19*10* to *June 23*, 19*10*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

*Chronic Nephritis**X*

(DURATION)..... DAYS

Contributory:

(Signed) *Richard S. True* M.D.*June 24* 19*10* (Address) *Marblehead Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

..... 19

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

Willard Henri Joveil

June 23, 1910

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Rutland
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PLACE OF DEATH

Rutland

(No. *Hunters Sanatorium* St. ; Ward)

FULL NAME

Irving G. Shea

[If married or divorced woman or widow give maiden name, also name of husband.]

RESIDENCE

Winthrop Beach Mass

Registered No.

45

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR OR RACE

White

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

DATE OF BIRTH

April 6

(Month) (Day)

1879 (Year)

AGE

31 yrs. 2 mos. 20 ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

Engineer Stationary

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(State or country)

Wiscasset Maine

NAME OF FATHER

Thomas F. Shea

BIRTHPLACE OF FATHER

(State or country)

Westport Maine

MAIDEN NAME OF MOTHER

Evelyn E. Hunt

BIRTHPLACE OF MOTHER

(State or country)

Wiscasset Maine

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Walter S. Chalmer

(Address)

505 Shirley St. Winthrop Mass

Filed

June 30 1910

Louis M. Hauff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

June

26

1910

(Month)

(Day)

(Year)

I HEREBY CERTIFY that I attended deceased from

June 25, 1910, to June 25, 1910, that I last saw him alive on June 25, 1910, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

(Duration) *1* yrs. *0* mos. *0* ds.

Contributory. *Pulmonary Tuberculosis* (SECONDARY)

(Duration) *2* yrs. *2* mos. *0* ds.

(Signed) *D. P. Butler* M.D.

June 26, 1910 (Address) *Rutland Mass*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death *5* yrs. *4* mos. *4* ds. In the State *5* yrs. *4* mos. *4* ds.

Where was disease contracted, if not at place of death? *Wiscasset Maine*

Former or usual residence. *Winthrop Mass*

PLACE OF BURIAL OR REMOVAL

Woodlawn Cemetery Wiscasset Maine

DATE OF BURIAL

June 29, 1910

UNDERTAKER

Frank H. Niles

ADDRESS

Jefferson Mass

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Kun laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary, may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asheimia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital"), "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Sarah Elizabeth Wood Registered No. _____
 Place of Death * 114 Commonwealth St. Boston Date of Death July 3, 1910
 Residence 114 Commonwealth St. Boston Age 67 years 5 months 21 days

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED _____
 MAIDEN NAME † Sarah E. Wood
 HUSBAND'S NAME † Alexander Wood
 BIRTHPLACE ‡ Rochester Mass.
 NAME OF FATHER Flavel Woodley
 BIRTHPLACE OF FATHER ‡ Rochester
 MAIDEN NAME OF MOTHER Mrs. Anne E. Kimball
 BIRTHPLACE OF MOTHER ‡ Rochester
 OCCUPATION at home
 INFORMANT § _____

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Forest Hills
Cremation

July 4, 1910

UNDERTAKER

ADDRESS

H. C. Skaggs

Columbus St.
Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 1908 to July 3, 1910, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: _____

Cerebral Hemorrhage
several weeks (DURATION) _____

Contributory: Arterio-sclerosis

years (DURATION) _____ DAYS

(Signed) J. E. Plummer M.D.

July 4, 1910 (Address) Wintthrop Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed

19

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

Sarah Elizabeth Hood

July 3, 1910

RETURN OF A DEATH

Wentworth
(CITY OR TOWN.)

FULL NAME Warner. A. Marsh Registered No. _____
 Place of Death* } 101 Johnson Ave Date of Death } July 10th 1910
 Residence 101 Johnson Ave Age 69 years 2 months 22 days

STATISTICAL DETAILS

SEX <u>Male</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <u>Colrain Mass</u>		
NAME OF FATHER <u>Philo Marsh</u>		
BIRTHPLACE OF FATHER ‡ <u>Rowe Mass</u>		
MAIDEN NAME OF MOTHER <u>Eunice Nelson</u>		
BIRTHPLACE OF MOTHER ‡ <u>Rowe Mass</u>		
OCCUPATION <u>Supt of G. T. & T. Co. Bldg. 30th</u>		
INFORMANT § <u>Son & Daughter</u>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 2 1910 to July 10 1910, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: acute suppression of urine
uraemia

(DURATION) 3 DAYS
 Contributory: Fracture of hip (accidental)
slipped and fell on tile floor
 (DURATION) _____ DAYS

(Signed) B. J. Mulcahy M.D.
July 12, 1910 (Address) Wentworth Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____

19 _____

Clerk _____

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Wentworth family

7/12 1910

UNDERTAKER

ADDRESS I

E. R. Benson

Wentworth

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Warner A. Marsh

July 10, 1910

STANDARD CERTIFICATE OF DEATH

PLACE OF DEATH

Winthrop Mass (No. 437, Winthrop

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Catherine Minahan
Widow of Michael nee Hurley
437 Winthrop St. Winthrop Mass.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR OR RACE

White

SINGLE,

MARRIED, Widower
WIDOWED,
OR DIVORCED
(Write the word)

DATE OF BIRTH

(Month)

(Day)

(Year)

AGE

79

yrs.

mos.

ds.

If LESS than
1 day,..... hrs.

or..... min.?

OCCUPATION

(a) Trade, profession, or
particular kind of work

None

(b) General nature of industry,
business, or establishment in
which employed (or employer).

BIRTHPLACE

(State or country)

Ireland

NAME OF
FATHER

Randall Hurley

BIRTHPLACE
OF FATHER,
(State or country)

Ireland

MAIDEN NAME
OF MOTHER

Sarah Gilman

BIRTHPLACE
OF MOTHER
(State or country)

Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Margaret Cochran
(Address) 437 Winthrop St. Winthrop

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

July 12th 1910

(Month)

(Day)

1910 (Year)

I

HEREBY CERTIFY that I attended deceased from

1908

,

1910

,

to

July 12th

,

1910

,

that I last saw her alive on

June 30

,

1910

,

and that death occurred, on the date stated above, at

8:45

p. m.

The CAUSE OF DEATH* was as follows:

old age
General debility

(Duration)

yrs.

mos.

ds.

Contributory

(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

B. W. Hurley

M.D.

July 13, 1910 (Address) 120 House St. Boston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

yrs.

mos.

ds.

In the

yrs.

mos.

ds.

Where was disease contracted,
if not at place of death?

Former or

usual residence.

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

St. John N. B.

July 14, 1910

UNDERTAKER

ADDRESS

Mrs. J. Lane

120 House St. Boston

STANDARD CERTIFICATE OF DEATH.

July 12, 1910

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary steam*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Typhoid fever* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningis, peritonum, etc., (*Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less

definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), ^{29 ds.}

Broncho-pneumonia (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *E-cposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 95 Beach Rd

St. ;

Ward)

Winthrop
BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Paul Joseph Hennessey

New York City

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

7 DATE OF BIRTH

April

28

1910
(Month) (Day) (Year)

8 AGE

yrs. 2

mos. 16

ds.

If LESS than
1 day, . hrs.
or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

General Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

New York City

11 NAME OF FATHER

William P. Hennessey

12 BIRTHPLACE OF FATHER (State or country)

New York

13 MAIDEN NAME OF MOTHER

Blanche M. Green

14 BIRTHPLACE OF MOTHER (State or country)

Boston Mass

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

July

(Month)

14

(Day)

1910
(Year)

I HEREBY CERTIFY that I attended deceased from July 14, 1910, to July 14, 1910, that I last saw him alive on July 14, 1910, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Misadventure

(Duration) yrs. / mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

William J. Foster

M.D.

July 14, 1910 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Dorchester

DATE OF BURIAL

July 10, 1910

20 UNDERTAKER

John F. W. May

ADDRESS

79 Ad. St.

STANDARD CERTIFICATE OF DEATH.

July 14, 1910

Statement of occupation.—Precise statement of occupa-

tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Trail engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Typhoid pneumonia* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Henry Noel Trotter* Registered No. _____
 Place of Death* } *173 Pauline St Winthrop* Date of Death } *July 16* 19*10*
 Residence *61* _____ Age _____ years _____ months *25* days

STATISTICAL DETAILS

SEX *M* COLOR *W* SINGLE, ~~MARRIED,~~
 WIDOWED, OR
 DIVORCED

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

NAME OF FATHER _____

BIRTHPLACE OF FATHER ‡ _____

MAIDEN NAME OF MOTHER _____

BIRTHPLACE OF MOTHER ‡ _____

OCCUPATION _____

INFORMANT § _____

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *June 22* 19*10* to *July 16* 19*10*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Patent Foramen Ovale*(DURATION) *25* DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *Dr. Johnson* M.D.*July 17* 19*10* (Address) *Winthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted,
 If not at place of death? _____

Filed

_____ 19 _____

Clerk

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

*W.C. Shaggs**Columbia St*

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

July 16, 1910

STANDARD CERTIFICATE OF DEATH

Dedham

(City or town.)

1 PLACE OF DEATH

Dedham

in Charles River

St.:

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Walter Wade Battis Jr.

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

95 BERNON ST WINTHROP MASS

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Single

7 DATE OF BIRTH

November 18

(Month)

(Day)

1887

(Year)

8 AGE

22 yrs. 7 mos. 29

If LESS than 1 day, hrs.

or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Millionary salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

Salesman

10 BIRTHPLACE

(State or country)

East Boston Mass Suffolk Co

11 NAME OF FATHER

Walter Wade Battis Sr

12 BIRTHPLACE OF FATHER

(State or country)

East Boston Mass Suffolk Co

13 MAIDEN NAME OF MOTHER

Mary Elizabeth Dunbar

14 BIRTHPLACE OF MOTHER

East Boston Mass Suffolk Co

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C. R. Bennison

(Address)

Winthrop Mass

16

Filed July 27, 1910

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

July 17

(Month)

(Day)

1910

(Year)

18 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Browning accident

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

John W. Pratt, M.D.
Associate Medical Examiner
July 19, 1910 (Address) Dedham Mass

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

of death

yrs. mos. ds.

In the

State

yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or

usual residence.

20 PLACE OF BURIAL OR REMOVAL

Winthrop Cemetery
Winthrop Mass

DATE OF BURIAL

July 17, 1910

21 UNDERTAKER

Smith & Higgins 89 Milton St.

ADDRESS

Dedham Mass

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Ivanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ectoposte*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Mollie Schiff* Registered No. _____
 Place of Death* *McAuley Hospital* Date of Death *July 22* 19*10*
 Residence *Cliff and cor Hutchinson St* Age *33* years *x* months *x* days

Winthrop Mass

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ *Philadelphia Pa*NAME OF FATHER *Jacob Schiff*BIRTHPLACE OF FATHER ‡ *Germany*MAIDEN NAME OF MOTHER *Jenny Olshstein*BIRTHPLACE OF MOTHER ‡ *Germany*OCCUPATION *at home*INFORMANT § *Sister*PLACE OF BURIAL OR REMOVAL ‖ *Phil - Pa*DATE OF BURIAL *July 25* 19*10*UNDERTAKER *C. R. Bennett*ADDRESS *Winthrop Mass*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *June 30* 19*10* to *July 22* 19*10*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *appendicitis (perforated)*

(DURATION) *24* DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *B. J. McIntosh* M.D.

July 23 19*10* (Address) *Winthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? *20 days* years _____ months _____ days

Where was disease contracted, if not at place of death? *Over my husband*

Filed _____

19 _____

Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

Worm
July 22, 1912

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Arthur Thomas Selman Clay* Registered No. _____
 Place of Death* } *20 Cottage Ave Winthrop* Date of Death } *7/24* 19*10*
 Residence *20 Cottage Ave* Age *40* years *7* months *24* days
457 Washington St Newton Mass.

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <i>Halifax N. S.</i>		
NAME OF FATHER <i>Thomas Clay</i>		
BIRTHPLACE OF FATHER ‡ <i>England</i>		
MAIDEN NAME OF MOTHER <i>Christyann Dunn</i>		
BIRTHPLACE OF MOTHER ‡ <i>England</i>		
OCCUPATION <i>Salesman</i>		
INFORMANT § <i>Wife</i>		

PLACE OF BURIAL OR REMOVAL ‖ <i>Winthrop Cemetery</i>	DATE OF BURIAL <i>7/26</i> 19 <i>10</i>
UNDERTAKER <i>C. R. Bennett</i>	ADDRESS <i>C. R. Bennett</i>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *July 1st 1910* to *July 24* 19*10*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: _____

Cirrhosis of Liver
(DURATION) *1 year* DAYS

Contributory: *Acute*

(DURATION) *6 mos* DAYS

(Signed) *W. J. Parker* M.D.

July 25 19*10* (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____ 19 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Carlton I. S. Long

July 24, 1910

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Waverley Mass (No. *Waverley Mass. Hospital* St.; *July 30* 1910 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

George Wales Scott

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE *46 Seymour St Waverley Mass*

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

April 20, 188*8*
(Month) (Day) (Year)

8 AGE

54 yrs. *3* mos. *29* ds. or min. ?

If LESS than 1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Maenner

(b) General nature of industry, business, or establishment in which employed (or employer)

Baldwin Mass. B. & O. R. R.

10 BIRTHPLACE

(State or country)

Boothbay Me

11 NAME OF FATHER

Thomas Scott

12 BIRTHPLACE OF FATHER

(State or country)

Me. known

13 MAIDEN NAME OF MOTHER

Hornum McNeill

14 BIRTHPLACE OF MOTHER

(State or country)

Sidney N. Y.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C. R. Benham

(Address)

159 Waverley St Mass

16 DATE OF DEATH

(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Duration) yrs. mos. ds.

(Signed) _____, M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Waverley Cemetery

DATE OF BURIAL

Aug 2, 1910

20 UNDERTAKER

C. R. Benham

ADDRESS

Waverley Mass

Filed _____ 191

REGISTRAR

STANDARD CERTIFICATE OF DEATH.

July 30, 1910

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Korn laborer*, *Laborer*—(and mine, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *(carcinoma, Sarcoma, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Gonæ," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Imitation," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Evil posture*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Worcester. No. State Hospital St. - Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

George W Scott

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Winthrop.

Registered: No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX Male 5 COLOR OR RACE W 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

7 DATE OF BIRTH ---, 1856 (Month) (Day) (Year)

8 AGE 54 yrs. - mos. - ds. If LESS than 1 day, hrs. or min.?

9 OCCUPATION (a) Trade, profession, or particular kind of work Steamboat captain Pilot. (b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE (State or country) Boothbay, Me.

11 NAME OF FATHER Thomas

12 BIRTHPLACE OF FATHER (State or country) Nova Scotia

13 MAIDEN NAME OF MOTHER Hadora McNeil

14 BIRTHPLACE OF MOTHER (State or country) Nova Scotia

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ray L Whitney (Address) Worcester.

16 AUG 1, 1910

REGISTRAR

16 DATE OF DEATH July 29, 1910 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Nov 2, 1908, to July 29, 1910, that I last saw him alive on July 29, 1910, and that death occurred, on the date stated above, at 11 p.m.

The CAUSE OF DEATH* was as follows: General paralysis of the insane

(Duration) 3 yrs. - mos. - ds.

Contributory Exhaustion of general paralysis. (Duration) - yrs. 1 mos. - ds.

(Signed) R L Whitney M.D. Jul 30, 1910 (Address) Worcester.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death 1 yrs. 8 mos. 28 ds. In the State Unknown yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown Winthrop.

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Boston

DATE OF BURIAL Aug 2, 1910

20 UNDERTAKERS A Putnam

ADDRESS Worcester.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dug laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 70 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Goma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Trauma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Snakebite*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Strangulation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

THE COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Catharine Phelps Johnson* Registered No. *67*
Place of Death } *390 Winthrop St Winthrop* Date of Death } *7/26* 19*10*
Residence *West Roxbury Mass* Age *64* years *X* months *18* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *widow*

MAIDEN NAME † *Jackson*

HUSBAND'S NAME † *Wm. A. Johnson*

BIRTHPLACE ‡ *Charlestown Mass*

NAME OF FATHER *Geo Perkins Jackson*

BIRTHPLACE OF FATHER ‡ *Charlestown Mass*

MAIDEN NAME OF MOTHER *Catharine Bean*

BIRTHPLACE OF MOTHER ‡ *Boston Mass*

OCCUPATION *at home*

INFORMANT § *Mrs Mary E. Munroe*
390 Winthrop St

PLACE OF BURIAL OR REMOVAL || *Woodlawn Cemetery Everett* DATE OF BURIAL *7/29* 19*10*

UNDERTAKER *C. R. Benson* ADDRESS *Winthrop*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *July 11* 19*10* to *July 26* 19*10*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Latent Nephritis*

Contributory: *Carcinoma Stomach*

(Signed) *Harvey H. Kelly* M.D.
July 27 19*10* (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death ? years months days

Where was disease contracted, if not at place of death ?

Filed 19 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
|| Name of cemetery.

ALL NAMES TO BE IN FULL

July 26, 1910

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Annie Delves Ambler* Registered No. *68*
 Place of Death* } *409 Shirley St. Winthrop* Date of Death } *7/27* 19*10*
 Residence *" " " Mass* Age *47* years *0* months *10* days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>married</i>
MAIDEN NAME † <i>Delves "Annie"</i>		
HUSBAND'S NAME † <i>Alfred. H. Ambler</i>		
BIRTHPLACE ‡ <i>England</i>		
NAME OF FATHER <i>Samuel Delves</i>		
BIRTHPLACE OF FATHER ‡ <i>England</i>		
MAIDEN NAME OF MOTHER <i>Mariann Thorley</i>		
BIRTHPLACE OF MOTHER ‡ <i>England</i>		
OCCUPATION <i>At Home</i>		
INFORMANT § <i>Son-in-law & Husband</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *July 26* 19*10* to *July 27* 19*10*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Chronic Bright's Disease*

several years (DURATION) DAYS

Contributory: *Ascites*

uncertain (DURATION) DAYS

(Signed) *Dr. J. Porter* M.D.

July 27 19*10* (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

19

Clerk

PLACE OF BURIAL OR REMOVAL ‖ <i>Winthrop Cemetery</i>	DATE OF BURIAL <i>7/29</i> 19 <i>10</i>
UNDERTAKER <i>C. R. Bennett</i>	ADDRESS <i>Winthrop</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

July 27, 1910.

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Lannah Elizabeth Weston* Registered No. *691*
 Place of Death* *36 Ingalside Ave* Date of Death *July 27th 1910*
 Residence *" "* Age *71* years *11* months *5* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *F* COLOR *W* SINGLE, MARRIED, WIDOWED, OR DIVORCED
 MAIDEN NAME † *Hawkins*
 HUSBAND'S NAME † *Washburn Weston*
 BIRTHPLACE ‡ *Barnstable N.J.*
 NAME OF FATHER *John Hawkins*
 BIRTHPLACE OF FATHER ‡ *Somersetshire England*
 MAIDEN NAME OF MOTHER *Hale*
 BIRTHPLACE OF MOTHER ‡ *England*
 OCCUPATION
 INFORMANT §

I HEREBY CERTIFY that I attended deceased during last illness, from *July 25th 1910* to *July 29th 1910*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Enteritis*

(DURATION) *5* DAYS
 Contributory:

(SIGNED) *O. E. Johnson* M.D.
July 27 1910 (Address) *Winthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed 19 Clerk

PLACE OF BURIAL OR REMOVAL || *Spinkhope Cem* DATE OF BURIAL *July 31 1910*
 UNDERTAKER *H. E. Skaggs* ADDRESS *Columbia St*

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK. THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

July 29, 1910

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

1 PLACE OF DEATH

Wintthrop Mass. (No. 290 Bowdoin St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Wintthrop Mass.

Registered No. 70

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

M.

5 COLOR OR RACE

W.

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

widow

7 DATE OF BIRTH

Jan. 1st, 1828 (Month) (Day) (Year)

8 AGE

82 yrs. 7 mos. 1 ds. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

at home.

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE (State or country)

Maine Conn.

11 NAME OF FATHER

Whaley

12 BIRTHPLACE OF FATHER (State or country)

13 MAIDEN NAME OF MOTHER

Ann C. Congdon

14 BIRTHPLACE OF MOTHER (State or country)

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis Noble (Address) Wintthrop

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug. 2, 1910 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from July 25, 1910, to Aug 2, 1910, that I last saw him alive on Aug 1, 1910, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Enterocolitis

(Duration) yrs. mos. 7 ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) J. M. [Signature] M.D. 1910 (Address) [Signature]

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Mc. Auburn Cem. Aug 4, 1910

20 UNDERTAKER

ADDRESS

J. Brown on Wintthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonium*, etc., "Carcinoma, Stomach, etc., of....." (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Ivanion," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop, Mass. (No. 362 Revere

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Genevieve Louise Long

3 RESIDENCE

362 Revere st, Winthrop

Registered No. 71

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

Sept. 9, 1909

(Month)

(Day)

(Year)

7 AGE

If LESS than 1 day, hrs.

yrs. 10 mos. 28 ds. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.....

None

(b) General nature of industry, business, or establishment in which employed (or employer).....

9 BIRTHPLACE (State or country)

Charlestown, Mass

10 NAME OF FATHER

Patrick J. Long

11 BIRTHPLACE OF FATHER (State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Catherine Donovan

13 BIRTHPLACE OF MOTHER (State or country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Patrick J. Long

(Address)

362 Revere st, Winthrop

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug. 7, 1910

(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from July, 1910, to Aug. 7, 1910, that I last saw her alive on Aug. 6, 1910, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Subacute
Grippe

(Duration) yrs. 1 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Aug 8, 1910 (Address) 124 Winthrop st M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Burlington

August 7, 1910

20 UNDERTAKER

ADDRESS

Mrs. W. S. Colburn & Son

Filed

191

REGISTRAR

STANDARD CERTIFICATE OF DEATH.

Aug. 7, 1910

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritonaeum, etc., *Carcinoma, Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *broncho-pneumonia* (secondary, 10 ds. Never report mere symptoms or terminal conditions, such as "Assthenea," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Rape*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH—1910.

CITY OF
BOSTON.FULL NAME Richard Cochran Registered No. 7146Place of Death } Boston St Marys Inft Asylum
and Residence }Date of Death Aug 7 1910. Age 6 years 6 months days.

STATISTICAL DETAILS.

PHYSICIAN'S CERTIFICATE.

SEX COLOR SINGLE, MARRIED, WID., DIV.

M W S

Maiden Name

Husband's Name

Birthplace BostonName of
Father John WBirthplace
of Father Halifax N SMaiden Name
of Mother Ellen PurcellBirthplace
of Mother Woburn

Occupation

Informant John W CochranI HEREBY CERTIFY that I attended deceased during last illness,
from Aug 2 1910, Aug 9 1910,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } Acute Gastro Enteritis
(Duration)7 dsContributory: }
(Duration)(Signed) E J O'Rourke M.D.Aug 9 1910 S M I ASPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent
Residents.Place of Burial
or removal Malden - Holy CrossUndertaker Thomas J Lane120 Havre stUsual Residence 437 Winthrop st
WinthropFiled Aug 12 1910.A true copy.
Attest:E W M Glenen

Registrar.

1974-1975		1975-1976		1976-1977		1977-1978		1978-1979		1979-1980		1980-1981		1981-1982		1982-1983		1983-1984		1984-1985		1985-1986		1986-1987		1987-1988		1988-1989		1989-1990		1990-1991		1991-1992		1992-1993		1993-1994		1994-1995		1995-1996		1996-1997		1997-1998		1998-1999		1999-2000		2000-2001		2001-2002		2002-2003		2003-2004		2004-2005		2005-2006		2006-2007		2007-2008		2008-2009		2009-2010		2010-2011		2011-2012		2012-2013		2013-2014		2014-2015		2015-2016		2016-2017		2017-2018		2018-2019		2019-2020		2020-2021		2021-2022		2022-2023		2023-2024		2024-2025		2025-2026		2026-2027		2027-2028		2028-2029		2029-2030		2030-2031		2031-2032		2032-2033		2033-2034		2034-2035		2035-2036		2036-2037		2037-2038		2038-2039		2039-2040		2040-2041		2041-2042		2042-2043		2043-2044		2044-2045		2045-2046		2046-2047		2047-2048		2048-2049		2049-2050		2050-2051		2051-2052		2052-2053		2053-2054		2054-2055		2055-2056		2056-2057		2057-2058		2058-2059		2059-2060		2060-2061		2061-2062		2062-2063		2063-2064		2064-2065		2065-2066		2066-2067		2067-2068		2068-2069		2069-2070		2070-2071		2071-2072		2072-2073		2073-2074		2074-2075		2075-2076		2076-2077		2077-2078		2078-2079		2079-2080		2080-2081		2081-2082		2082-2083		2083-2084		2084-2085		2085-2086		2086-2087		2087-2088		2088-2089		2089-2090		2090-2091		2091-2092		2092-2093		2093-2094		2094-2095		2095-2096		2096-2097		2097-2098		2098-2099		2099-2100		2100-2101		2101-2102		2102-2103		2103-2104		2104-2105		2105-2106		2106-2107		2107-2108		2108-2109		2109-2110		2110-2111		2111-2112		2112-2113		2113-2114		2114-2115		2115-2116		2116-2117		2117-2118		2118-2119		2119-2120		2120-2121		2121-2122		2122-2123		2123-2124		2124-2125		2125-2126		2126-2127		2127-2128		2128-2129		2129-2130		2130-2131		2131-2132		2132-2133		2133-2134		2134-2135		2135-2136		2136-2137		2137-2138		2138-2139		2139-2140		2140-2141		2141-2142		2142-2143		2143-2144		2144-2145		2145-2146		2146-2147		2147-2148		2148-2149		2149-2150		2150-2151		2151-2152		2152-2153		2153-2154		2154-2155		2155-2156		2156-2157		2157-2158		2158-2159		2159-2160		2160-2161		2161-2162		2162-2163		2163-2164		2164-2165		2165-2166		2166-2167		2167-2168		2168-2169		2169-2170		2170-2171		2171-2172		2172-2173		2173-2174		2174-2175		2175-2176		2176-2177		2177-2178		2178-2179		2179-2180		2180-2181		2181-2182		2182-2183		2183-2184		2184-2185		2185-2186		2186-2187		2187-2188		2188-2189		2189-2190		2190-2191		2191-2192		2192-2193		2193-2194		2194-2195		2195-2196		2196-2197		2197-2198		2198-2199		2199-2200		2200-2201		2201-2202		2202-2203		2203-2204		2204-2205		2205-2206		2206-2207		2207-2208		2208-2209		2209-2210		2210-2211		2211-2212		2212-2213		2213-2214		2214-2215		2215-2216		2216-2217		2217-2218		2218-2219		2219-2220		2220-2221		2221-2222		2222-2223		2223-2224		2224-2225		2225-2226		2226-2227		2227-2228		2228-2229		2229-2230		2230-2231		2231-2232		2232-2233		2233-2234		2234-2235		2235-2236		2236-2237		2237-2238		2238-2239		2239-2240		2240-2241		2241-2242		2242-2243		2243-2244		2244-2245		2245-2246		2246-2247		2247-2248		2248-2249		2249-2250		2250-2251		2251-2252		2252-2253		2253-2254		2254-2255		2255-2256		2256-2257		2257-2258		2258-2259		2259-2260		2260-2261		2261-2262		2262-2263		2263-2264		2264-2265		2265-2266		2266-2267		2267-2268		2268-2269		2269-2270		2270-2271		2271-2272		2272-2273		2273-2274		2274-2275		2275-2276		2276-2277		2277-2278		2278-2279		2279-2280		2280-2281		2281-2282		2282-2283		2283-2284		2284-2285		2285-2286		2286-2287		2287-2288		2288-2289		2289-2290		2290-2291		2291-2292		2292-2293		2293-2294		2294-2295		2295-2296		2296-2297		2297-2298		2298-2299		2299-2300		2300-2301		2301-2302		2302-2303		2303-2304		2304-2305		2305-2306		2306-2307		2307-2308		2308-2309		2309-2310		2310-2311		2311-2312		2312-2313		2313-2314		2314-2315		2315-2316		2316-2317		2317-2318		2318-2319		2319-2320		2320-2321		2321-2322		2322-2323		2323-2324		2324-2325		2325-2326		2326-2327		2327-2328		2328-2329		2329-2330		2330-2331		2331-2332		2332-2333		2333-2334		2334-2335		2335-2336		2336-2337		2337-2338		2338-2339		2339-2340		2340-2341		2341-2342		2342-2343		2343-2344		2344-2345		2345-2346		2346-2347		2347-2348		2348-2349		2349-2350		2350-2351		2351-2352		2352-2353		2353-2354		2354-2355		2355-2356		2356-2357		2357-2358		2358-2359	
-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------	--

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PLACE OF DEATH

Winthrop (No. *132 Locust*)
Thomas Butler

St.;

Ward)

² FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

⁴ RESIDENCE

Registered No. *72*

PERSONAL AND STATISTICAL PARTICULARS

³ SEX

M

⁴ COLOR OR RACE

W

⁵ SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

S.

⁶ DATE OF BIRTH

November 22 (Month) (Day) (Year)

⁷ AGE

8 yrs. *20* mos. *20* ds. or min.?

If LESS than 1 day, hrs.

⁸ OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

⁹ BIRTHPLACE

(State or country)

Winthrop Mass

¹⁰ NAME OF FATHER

Edwin

¹¹ BIRTHPLACE OF FATHER (State or country)

Boston

¹² MAIDEN NAME OF MOTHER

Mary M. Callahan

¹³ BIRTHPLACE OF MOTHER (State or country)

Boston

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Mother
132 Locust Winthrop

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH

Aug 11 (Month) (Day) (Year)

¹⁷ I HEREBY CERTIFY that I attended deceased from *Aug 6*, 191*0*, to *Aug 11*, 191*0*, that I last saw him alive on *Aug 10 PM*, 191*0*, and that death occurred, on the date stated above, at *49* m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

Infection pneumonia

(Duration) yrs. mos. ds.

(Signed)

James R. Dwyer, M.D.
Aug 11, 191*0* (Address) *Winthrop Mass*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

¹⁹ PLACE OF BURIAL OR REMOVAL

Mt Auburn

DATE OF BURIAL

Aug 12, 191*0*

²⁰ UNDERTAKER

W. J. Cassidy

ADDRESS

118 Harrison

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary, may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonitis, etc., (*carcinoma, Sarcoma*, etc., of (name origin: "Cancer" is less definite); avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), "9 ds.; *Broncho-pneumonia* (secondary), 70 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *E-cposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 115, Summit Ave St., Ward)

Winthrop
(City or town)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

James A. R. Underwood
[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

115 Summit Ave.

Registered No. 73

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male-

4 COLOR OR RACE

White

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Married

6 DATE OF BIRTH

July

16

1857

(Month)

(Day)

(Year)

7 AGE

34

yrs.

1

mos.

15

ds.

If LESS than
1 day.....hrs.

or.....mtp.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.....

Solicitor for Travelers Ins Co

(b) General nature of industry, business, or establishment in which employed (or employer).....

Insurance Co

9 BIRTHPLACE

(State or country)

Rockland Mass

10 NAME OF FATHER

James Underwood

11 BIRTHPLACE OF FATHER

(State or country)

Charlestown Mass

12 MAIDEN NAME OF MOTHER

Kathleen Cobbin

13 BIRTHPLACE OF MOTHER

(State or country)

Thrale Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Louise M. Underwood Wife

(Address)

115 Summit Ave Winthrop

15

Filed.....

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug

31

1910

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural Causes.
probably apoplexy
(Sudden death)Contributory.....
(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

Eugene Binger Magrath

M.D.

Aug 1

(Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

of death.....

yrs.

mos.

ds.

In the

State.....

yrs.

mos.

ds.

Where was disease contracted,
If not at place of death?Former or
usual residence.....

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Woodlawn Cemetery

Sept 3, 1910

20 UNDERTAKER

ADDRESS

Chas R. Bennett

Winthrop

STANDARD CERTIFICATE OF DEATH.

Aug. 31, 1910.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer*—*Coal mine*, etc. Woman at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. 263 Bowdoin

St.,

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Catherine Brown
Widow of John born Mc Woron

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

W

7 DATE OF BIRTH

(Month)

(Day)

(Year)

8 AGE

44

yrs.

mos.

ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

East Boston

11 NAME OF FATHER

Hugh Mc Woron

12 BIRTHPLACE OF FATHER (State or country)

Ireland

13 MAIDEN NAME OF MOTHER

Annie Flee

14 BIRTHPLACE OF MOTHER (State or country)

Ireland

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Brother
Winthrop Moore

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept 9 - 1910
September (Month) 9 (Day) 1910 (Year)

17 I HEREBY CERTIFY that I attended deceased from

March, 1910, to Sept 9, 1910,

that I last saw him alive on Sept 9, 1910,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Sarcoma of neck

(Duration) yrs. 3 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Sept 10, 1910 (Address) Winthrop Moore

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross Church, 191

20 UNDERTAKER

ADDRESS

R. C. Kirby & Boston

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Kintthrop (No. 30 Madison ave.)

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Edison Kintthrop Cobb.

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

30 Madison ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Single

6 DATE OF BIRTH

Jan

8

1907

7 AGE

3 yrs.

8 mos.

2 ds.

If LESS than
1 day, hrs.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work,

None

(b) General nature of industry, business, or establishment in which employed (or employer).

none

9 BIRTHPLACE
(State or country)

Kintthrop, Suffolk Co. Mass

10 NAME OF FATHER

Robert B. Cobb.

11 BIRTHPLACE OF FATHER
(State or country)

Charlottesville P. I.

12 MAIDEN NAME OF MOTHER

Alice C. Lloyd

13 BIRTHPLACE OF MOTHER
(State or country)

Kintthrop, Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Robert B. Cobb.

(Address)

30 Madison Ave.

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

September 10th

(Month)

(Day)

1910
(Year)

17

I HEREBY CERTIFY that I attended deceased from
Sept 7th, 1910, to September 10, 1910,
that I last saw him alive on September 10, 1910,
and that death occurred, on the date stated above, at 9:30 m.

The CAUSE OF DEATH* was as follows:

Membranous Group
caused by diphtheria

(Duration)

yrs.

mos. 4 ds.

Contributory

(SECONDARY)

(Duration)

yrs.

mos. ds.

(Signed)

Horace J. Soule

M.D.

191

(Address)

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

of death

yrs.

mos.

ds.

In the

State

yrs.

mos.

ds.

Where was disease contracted,
if not at place of death?Former or
usual residence.

19 PLACE OF BURIAL OR REMOVAL

Kintthrop, Mass.

DATE OF BURIAL

9-11-1910

20 UNDERTAKER

H. C. Skagge

ADDRESS

Columbia St.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—(*coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *House-keepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mecles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mecles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as (*criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Es-pouse*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 18

Atlantic

St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Anna Morrison

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

North Boston, Mass.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

white

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Single

7 DATE OF BIRTH

Sept 2 - 6

(Month)

9

(Day)

1884

(Year)

8 AGE

48 yrs.

3 mos.

2 ds.

If LESS than
1 day, hrs.
or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Sweden

11 NAME OF FATHER

John Morrison

12 BIRTHPLACE OF FATHER

(State or country)

Sweden

13 MAIDEN NAME OF MOTHER

Mrs. Morrison

14 BIRTHPLACE OF MOTHER

(State or country)

Sweden

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Morgan

(Address)

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept.
(Month)11
(Day)1910
(Year)

I HEREBY CERTIFY that I attended deceased from

Sept 5

, 1910 , to

Sept. 11, 1910 ,

that I last saw her alive on Sept. 11 , 1910 ,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute ileo-colitis

(Duration) yrs. mos. 7 ds.

Contributory
(SECONDARY)

Cerebral Haemorrhage

(Duration) yrs. mos. 2 ds.

(Signed)

Edward J. Grainger

, M.D.

Sept 12, 1910 (Address) 304 Winthrop St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
If not at place of death ?Former or
usual residence

18 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Church

Sept 13, 1910

19 UNDERTAKER

ADDRESS

H. C. Skaggs

Columbia St.

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer*—(*coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never re-*pneumonia* ("Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "As-thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Primordial Abortion*, *Poisoning*, *Starvation*, *Strangulation*, *Disposture*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

(No. 55)

Sunnyside Ave

Wentworth

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Catherine Alge

Siggins - Charles H.

3 RESIDENCE

55 Sunnyside Ave Wentworth

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

H.

4 COLOR OR RACE

W.

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

married

6 DATE OF BIRTH

Dec.

24

1894

(Month)

(Day)

(Year)

7 AGE

65 yrs. 8 mos. 19 ds.

If LESS than
1 day,.....hrs.

or.....min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work

at home

(b) General nature of industry,
business, or establishment in
which employed (or employer).

9 BIRTHPLACE

(State or country)

Ireland

10 NAME OF
FATHER

Patrick Higgins

11 BIRTHPLACE
OF FATHER
(State or country)

Ireland

12 MAIDEN NAME
OF MOTHER

Hogan

13 BIRTHPLACE
OF MOTHER
(State or country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Charles C. Alge

15

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept 12

(Month)

(Day)

1910 (Year)

I HEREBY CERTIFY that I have investigated the
death of the deceased.

The CAUSE OF DEATH* was as follows:

Inhalation gas poisoning
accidental during temporary
dementia.

(Duration).....yrs.mos.ds.

Contributory
(SECONDARY)

(Signed)

Sept 12

(Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES,
state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or
HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS).

At place of death.....yrs.mos.ds. In the State.....yrs.mos.ds.

Where was disease contracted,
If not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Wentworth Mass. Sept 12, 1910

20 UNDERTAKER

ADDRESS

Wentworth

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probable suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

¹ PLACE OF DEATH

Metcalf Hospital (No. Winthrop St. Winthrop St.)

Winthrop
(City or town.)

Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

² FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

³ RESIDENCE *#10 ocean ave Winthrop Mass* Registered No.

PERSONAL AND STATISTICAL PARTICULARS

³ SEX *female* ⁴ COLOR OR RACE *white* ⁵ SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
(Write the word)

⁶ DATE OF BIRTH *Sept 3rd*, 1910
(Month) (Day) (Year)

⁷ AGE *X* yrs. *X* mos. *2* ds. or.....min. ?
If LESS than 1 day,.....hrs.

⁸ OCCUPATION

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

⁹ BIRTHPLACE (State or country) *Winthrop Mass*

¹⁰ NAME OF FATHER *George Frasier*

¹¹ BIRTHPLACE OF FATHER (State or country) *Chelsea Mass*

¹² MAIDEN NAME OF MOTHER *Catherine Barry*

¹³ BIRTHPLACE OF MOTHER (State or country) *Boston Mass*

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *C. R. Benson*
(Address) *Winthrop Mass*

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH *Sept 12*, 1910
(Month) (Day) (Year)

¹⁷ I HEREBY CERTIFY that I attended deceased from *Sept 3rd* 1910, to *Sept 5th* 1910, that I last saw her alive on *Sept 5th* 1910, and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH* was as follows:

malnutrition

(Duration) yrs. mos. *2* ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) *B. J. P. [unclear]* M.D.

(Address)....., 191.....

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. *2* ds.

Where was disease contracted, *174 Winthrop St Winthrop*
if not at place of death?

Former or usual residence.....

¹⁹ PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Mass

Sept 15, 1910

²⁰ UNDERTAKER

ADDRESS

C. R. Benson

Winthrop Mass

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never re-port "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., *Cerebrum*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc. When a definite disease can be ascertained as the cause, always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Trinital Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

W. Northrop.
BOSTON

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

390 Shuley St. (No. *Northrop* Nass St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female *Colored* *Single*

4 DATE OF BIRTH

8 *23* *1889*
(Month) (Day) (Year)

7 AGE

21 yrs. *19* mos. *19* ds. or, min.?
If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

Domestic

(b) General nature of industry, business or establishment in which employed (or employer).

9 BIRTHPLACE

(State or country)

Charleston S.C.

10 NAME OF FATHER

Anthony Grant

11 BIRTHPLACE OF FATHER
(State or country)

Charleston S.C.

12 MAIDEN NAME OF MOTHER

Mary Gontyneon

13 BIRTHPLACE OF MOTHER
(State or country)

Charleston S.C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Roxana L. Jones
(Address) *390 Shuley St. Northrop*

15 Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept. *13* *1910*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *March 1st* 1910, to *Sept. 13*, 1910, that I last saw him alive on *Sept. 10*, 1910, and that death occurred, on the date stated above, at *109* a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
(Duration) *1* yrs. mos. ds.

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) *M. J. Jones*, M. D.

Sept. 13, 1910. (Address) *Northrop Nass*

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Mount Hope

DATE OF BURIAL

Sept 15, 1910

20 UNDERTAKER

Benj. L. Jones *639 Shawmut Ave. Boston*

ADDRESS

W. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Standard Certificate of Death.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*;

Broncho-pneumonia ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Curcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Broncho-pneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

1 PLACE OF DEATH

Winthrop Mass (No. *94* *Belleview Ave* St.,

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Elizabeth Wilbur Abbott
[If married or divorced woman or widow give maiden name, also name of husband.] *Widow of Thomas L. Abbott*

3 RESIDENCE *#94 Belleview Ave Winthrop*

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

6 DATE OF BIRTH

Unknown

(Month)

(Day)

(Year)

7 AGE

About 60

yrs.

x

mos.

x

ds.

If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work,

at home

(b) General nature of industry, business, or establishment in which employed (or employer),

none

9 BIRTHPLACE

(State or country)

England

10 NAME OF FATHER

Unknown (probably)

11 BIRTHPLACE OF FATHER

(State or country)

Unknown (")

12 MAIDEN NAME OF MOTHER

Unknown (")

13 BIRTHPLACE OF MOTHER

(State or country)

Unknown (")

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

A R Benson

(Address)

Winthrop Mass

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept 13

(Month)

(Day)

1910 (Year)

17

I HEREBY CERTIFY that I attended deceased from

1905

, to

Sept 13

, 1910

that I last saw her alive on

Sept 13

, 1910

and that death occurred, on the date stated above, at

7 pm

The CAUSE OF DEATH* was as follows:

apoplexy

(Duration)

yrs.

mos.

2 7 ds.

Contributory

(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

Sept 14

1910

(Address)

310 Mutual

M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death

yrs.

mos.

ds.

In the State

yrs.

mos.

ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop Cemetery

DATE OF BURIAL

Sept 5, 1910

20 UNDERTAKER

C. R. Benson

ADDRESS

Winthrop Mass

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.
N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Tool making*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Pneumococcus pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., (*carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated, unless important. Example: *Measles* (disease causing death), ^{29 ds.} *Broncho-pneumonia* (secondary), ^{10 ds.} Never report mere symptoms or terminal conditions, such as "Asiatica," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Træmia," "Weakness," etc. when a definite disease can be ascertained as the cause. ^Δ ways qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as (*criminal Abortion*, *Poisoning*, *Starvation*, *Strangulation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

1 PLACE OF DEATH

(No. 20 Woodside Park.

St.;

Ward)

2 FULL NAME

[If married or divorced woman or widow
give maiden name, also name of husband.]Mary Corbett
Mary Mahan wife Thomas Corbett.

3 RESIDENCE

20 Woodside Park, Winthrop.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

female

5 COLOR OR RACE

white

6 MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

married

7 DATE OF BIRTH

FEB 14 1857

(Month)

(Day)

(Year)

8 AGE

73 yrs.

7 mos.

1

d.

If LESS than
1 day, hrs.

or min.?

9 OCCUPATION

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer).

10 BIRTHPLACE

(State or country)

England

11 NAME OF
FATHER

Thomas Mahan

12 BIRTHPLACE
OF FATHER
(State or country)

Ireland

13 MAIDEN NAME
OF MOTHER

Katherine Lanters

14 BIRTHPLACE
OF MOTHER
(State or country)

Ireland

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

September 15, 1910

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I attended deceased from

July

, 1910, to

September 15, 1910

that I last saw her alive on

Sep. 15, 1910

and that death occurred, on the date stated above, at 4 A. M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis with
Cerebral hemorrhage

(Duration) 7 yrs. mos. ds.

Contributory
(SECONDARY)

(Duration) 7 yrs. mos. ds.

(Signed)

Ben. J. Campbell

M.D.

September 12, 1910 (Address) 24 White St. Boston

If death followed injury or violence the certificate of death must be made
out by the Medical Examiner.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
If not at place of death?Former or
usual residence.

19 PLACE OF BURIAL OR REMOVAL

Forest Hills

DATE OF BURIAL

Sept. 12, 1910

20 UNDERTAKER

J. S. Waterman & Sons.

ADDRESS

Boston

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is necessary so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the ~~same~~ line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Minister*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Seamanning fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Træmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 122 Main St

St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Cornelius James Donovan

3 RESIDENCE

122 Main St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Single

6 DATE OF BIRTH

Sept 18th

(Month)

(Day)

(Year)

7 AGE

28

yrs.

— mos.

— ds.

If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

Machinist

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE

(State or country)

East Boston Mass

10 NAME OF FATHER

Timothy Donovan

11 BIRTHPLACE OF FATHER

(State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Annie M. O'Donnell

13 BIRTHPLACE OF MOTHER

(State or country)

Scotland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Annie M. Donovan
122 Main St

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept 18th

(Month)

18

(Day)

1910

(Year)

17

I HEREBY CERTIFY that I attended deceased from

Sept 18th, 1910, to Sept 18th, 1910,that I last saw him alive on Sept 18th, 1910,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic ~~Enter~~ Paratyphoid
febrilis.

(Duration) 1 yrs. mos. ds.

Contributory.

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

B. J. [Signature] M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross Malden Sept 21st 1910

20 UNDERTAKER

ADDRESS

W. J. Kelly 49 Maverick Sq.

STANDARD CERTIFICATE OF DEATH.

Sal. 18, 1910.

celosis of lungs, meningis, peritoneum, etc., (carcinoma, Sarcoma, etc., of..... (name origin: "Cancer" is less

Statement of occupation.—

Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *grocery*; (a) *Korean*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Turner (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—

Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere

symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecstasy*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop Mass (No. 24 Winthrop

St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

24 Winthrop Street

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

7 DATE OF BIRTH

Dec 21, 1907
(Month) (Day) (Year)

8 AGE

3 yrs. 9 mos. 3 ds. or LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE

(State or country) Hastings on the Hudson N.Y.

11 NAME OF FATHER

Fred Killorn Wells

12 BIRTHPLACE OF FATHER (State or country)

Richmond Ill

13 MAIDEN NAME OF MOTHER

Marguerite Jane Lugg

14 BIRTHPLACE OF MOTHER (State or country)

Wolverhampton England

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C. R. Burman

(Address)

159 Winthrop St. W. Mass

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Sept 24, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from Sep. 22, 1910, to Sep. 24, 1910, that I last saw her alive on 24th, 1910, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Cyclic Vomiting -

(Duration) yrs. mos. 6 ds.

Contributory (SECONDARY)

Toxemia

(Duration) yrs. mos. 4. ds.

(Signed)

M. R. Porter

M.D.

Sep. 26, 1910 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Woodlawn Cemetery

DATE OF BURIAL

Sept 26, 1910

20 UNDERTAKER

C. R. Burman

ADDRESS

Winthrop

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH

(CITY OR TOWN.)

Winthrop
 FULL NAME Catherine Hope Registered No. _____
 Place of Death* Winthrop 34 Pico Ave Date of Death Sept 26 1910
 Residence 34 Pico Ave Age 1 year 5 months 13 days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <u>Female</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <u>Boston Mass.</u>		
NAME OF FATHER <u>Walter Joseph Hope</u>		
BIRTHPLACE OF FATHER <u>Cambridgeport Mass.</u>		
MAIDEN NAME OF MOTHER <u>Catherine Connolly</u>		
BIRTHPLACE OF MOTHER ‡ <u>Lynn Mass.</u>		
OCCUPATION <u>None</u>		
INFORMANTS <u>Walter J. Hope</u> <u>34 Pico Ave.</u>		

I HEREBY CERTIFY that I attended deceased during last illness, from Sept 22 1910 to Sept 26 1910, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Endocarditis

(DURATION) _____ DAYS

Contributory: Pneumonia

(DURATION) 4 DAYS

(Signed) Harvey M. Kelly M.D.

Sept 26 1910 (Address) 263 Winthrop St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____

_____ 19 _____

_____ Clerk

PLACE OF BURIAL OR REMOVAL St Marys Lynn DATE OF BURIAL 9/28 1910
 UNDERTAKER John F O Maly ADDRESS 79 Atlantic St

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
 ALL NAMES TO BE IN FULL

Sept. 26, 1910

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

2791
 Minister of
 (City or town.)

1 PLACE OF DEATH

Metcalf Hospital

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Harriet Shellhouse

[If married or divorced woman or widow give maiden name, also name of husband.]

Harriet Bird - Henry Shellhouse

3 RESIDENCE

21 Marion Street, East Boston

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

7 DATE OF BIRTH

(Month)

(Day)

(Year)

8 AGE

56 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Home

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Halifax N.S.

11 NAME OF FATHER

Henry R. Bird

12 BIRTHPLACE OF FATHER

(State or country)

Unknown

13 MAIDEN NAME OF MOTHER

Margaret E. Unknown

14 BIRTHPLACE OF MOTHER

(State or country)

Unknown

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Hattie M. Stearns

(Address)

21 Marion St. E. Boston

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Sept 30

(Month)

(Day)

1910 (Year)

18 I HEREBY CERTIFY that I attended deceased from

191 to 191

that I last saw him alive on 191

and that death occurred, on the date stated above, at 6.00 p.m.

The CAUSE OF DEATH* was as follows:

Multiple injuries, including fracture of the pelvis and of the skull (base, probable) with resulting shock, caused by an accidental fall from a height (Duration) yrs. mos. ds.

(Signed) Dr. Bayless Maynard M.D. Sept 30, 1910 (Address) Malden, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

20 PLACE OF BURIAL OR REMOVAL

Woodbawn

DATE OF BURIAL

Oct 3 1910

21 UNDERTAKER

W. J. Kelly

ADDRESS

19 Waverick St.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Sept. 30, 1916.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furnace laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Retired, 6 yrs.*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonium*, etc., (*carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

Commonwealth of Massachusetts.

UNITED STATES OF AMERICA.

Certificate of Death

FROM THE RECORDS OF DEATHS IN THE TOWN OF Winthrop
MASSACHUSETTS, U. S. A.

1. Date of Death, - - -	<u>October 1, 1910</u>
2. Name, - - - - -	<u>Thomas J. Lavery</u>
(Maiden Name, - - -	
3. Sex, and whether Single, -	<u>Male</u>
Married, or Widowed, -	<u>Widowed</u>
4. Color, - - - - -	<u>White</u>
5. Age, - - - - -	<u>77</u> Years <u></u> Months <u></u> Days
6. Disease or Cause of Death	<u>Broncho pneumonia following fall</u>
7. Residence, - - - -	<u>40 Elmwood Ave.</u>
8. Occupation, - - - -	<u>Retired</u>
9. Place of Death, - - -	<u>Winthrop</u>
10. Place of Birth, - - -	<u>Ireland Boston Mass.</u>
11. Name of Father, - - -	<u>Matthew</u>
12. Name of Mother, - - -	<u>Jane Elliot</u>
(Maiden Name)	
13. Birthplace of Father, -	<u>Ireland</u>
14. Birthplace of Mother, -	<u>Ireland</u>
15. Place of Interment, - -	<u>St Benedict Box</u>

I, Eveline Churchill ^{Asst.} Winthrop depose and say,
that I hold the office of Town Clerk of the Town of Winthrop
County of Suffolk and Commonwealth of Massachusetts; that the
records of Births, Marriages and Deaths in said Town are in my custody, and that the above is a
a true extract from the Records of Deaths in said Town, as certified by me.

WITNESS my hand and the Seal of said Town, on the eight
day of February 1911.

Eveline Churchill
^{Asst.} Town Clerk.

12-9-2

Qual?

Commonwealth of Massachusetts
Suffolk SS. Winthrop Feb. 20, 1911.

Then personally appeared before me,
Preston B. Churchill, Town Clerk, Thomas
~~Mack~~ ^{of Boston} Niack and made oath that
the place of birth of Thomas J. Lavery,
was Boston and not Ireland and that
all other information in the within return
is correct

Preston B. Churchill,
Town Clerk.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. 40 Elmwood Ave.,

W. Winthrop
(City or town.)

Ward)

[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

2 FULL NAME

[If married or divorced woman or widow
give maiden name, also name of husband.]

Thomas J. Lavery

3 RESIDENCE

40 Elmwood Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Widowed

7 DATE OF BIRTH

Sept. 27, 1873

(Month) (Day) (Year)

8 AGE

77

yrs.

mos.

ds.

If LESS than
1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or
particular kind of work...

Retired 10 yrs.

General nature of industry,
ness, or establishment in
which employed (or employer)...10 BIRTHPLACE
(or country)

Ireland

11 NAME OF
FATHER

Matthew Lavery

12 BIRTHPLACE
OF FATHER
(State or country)

Ireland

13 MAIDEN NAME
OF MOTHER

Jane Elliott

14 BIRTHPLACE
OF MOTHER
(State or country)

Ireland

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Thomas M. Lavery

(Address)

40 Elmwood Ave.

16 Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

October

(Month)

1

(Day)

1910

(Year)

17 I HEREBY CERTIFY that I attended deceased from

Sept 28

, 1910, to

Oct 1

, 1910,

that I last saw him alive on

Oct 1

, 1910,

and that death occurred, on the date stated above, at

1:30 a. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia following
fall

(Duration)

yrs.

mos.

12 ds.

Contributory

Traumatism from fall

(SECONDARY)

down stairs

(Duration)

yrs.

mos.

12 ds.

(Signed)

J. J. Lavery, M.D.

Oct 1, 1910

(Address)

Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made
out by the Medical Examiner.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS).At place
of death

yrs.

mos.

ds.

In the
State

yrs.

mos.

ds.

Where was disease contracted,
if not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Benedict's R.C. Church

DATE OF BURIAL

Oct 3, 1910

20 UNDERTAKER

J. J. Lavery

ADDRESS

Winthrop

STANDARD CERTIFICATE OF DEATH.

Oct 1, 1910

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asiemia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc. When a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ergotism*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Lynn

(No.

Union Hospital.

St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Hannah Griffiths

[If married or divorced woman or widow give maiden name, also name of husband.]

Heaton - Thomas.

3 RESIDENCE

320 Bowdoin st, Winthrop

Registered No 1067

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

M

7 DATE OF BIRTH

Sept. 21, 1869.

(Month)

(Day)

(Year)

8 AGE

51 yrs.

mos. 12

ds.

If LESS than 1 day.....hrs.

or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Manchester, Eng.

11 NAME OF FATHER

Edmond Heaton

12 BIRTHPLACE OF FATHER (State or country)

Manchester, Eng.

13 MAIDEN NAME OF MOTHER

Unknown

14 BIRTHPLACE OF MOTHER (State or country)

"

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Thomas Griffiths

(Informant)

(Address)

Winthrop, Mass.

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Oct. 3, 1910

(Month)

(Day)

191

(Year)

18 I HEREBY CERTIFY that I attended deceased from

Sept. 22, 1910, to Oct. 3, 1910

that I last saw h..... alive on....., 1910

and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH* was as follows:

Parachymatous nephritis

(Duration).....yrs.....mos.....ds.

Contributory Acute dilatation of heart

(SECONDARY)

(Duration).....yrs.....mos.....ds.

(Signed) I. H Chicoine

M.D.

Lynn

(Address)

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, If not at place of death?

Former or usual residence

20 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop, Mass.

191

21 UNDERTAKER

ADDRESS

C. R. Benneson

Winthrop

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Korean*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), "9 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital"), "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Swicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

¹ PLACE OF DEATH

Winthrop, (No. Emerson Road, St.

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

⁴ FULL NAME

Dearborn Carter

[If married or divorced woman or widow give maiden name, also name of husband.]

^a RESIDENCE

Emerson Road.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS² SEX

Male

⁴ COLOR OR RACE

White

⁵ SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

⁶ DATE OF BIRTHOctober 4, 1910
(Month) (Day) (Year)⁷ AGE

0 yrs. 0 mos. 0 ds. or 0 min. ?

If LESS than 1 day, 0 hrs.

⁸ OCCUPATION

(a) Trade, profession, or particular kind of work.

(Father) Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer).

⁹ BIRTHPLACE

(State or country)

Winthrop, Mass.

¹⁰ NAME OF FATHER

Edward D. Carter

¹¹ BIRTHPLACE OF FATHER

(State or country)

South Boston

¹² MAIDEN NAME OF MOTHER

Wilhelmina G. Dearborn

¹³ BIRTHPLACE OF MOTHER

(State or country)

Saxtonville, Mass.

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Edward D. Carter

(Address)

Emerson Road.

¹⁵

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH¹⁶ DATE OF DEATH

Oct.

4

(Month)

(Day)

1910 (Year)

¹⁷ I HEREBY CERTIFY that I attended deceased from

Oct. 4, 1910, to

191

that I last saw him alive on

191

and that death occurred, on the date stated above, at

m.

The CAUSE OF DEATH* was as follows:

Still-born.

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

S. W. H. Cox

M.D.

C. 87, 1910. (Address) 220 E. B.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

¹⁹ PLACE OF BURIAL OR REMOVAL

Winthrop, Mass.

DATE OF BURIAL

Oct. 5, 1910.

²⁰ UNDERTAKER

E. G. Brown & Co. Boston

ADDRESS

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Struma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Execution*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Saratoga Springs N.Y.

No.

St. ; Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Samuel Stanley Searing

3 RESIDENCE

Winthrop Mass

Registered No. 24919

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE,
MARRIED, Married
WIDOWED,
OR DIVORCED
(Write the word)

7 DATE OF BIRTH

~~1860~~ Oct. 26, 1860
(Month) (Day) (Year)

8 AGE

49 yrs. 9 mos. 10 ds.

If LESS than
1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or
particular kind of work,....

Clergyman

(b) General nature of industry,
business, or establishment in
which employed (or employer).....

10 BIRTHPLACE

(State or country)

Saratoga Springs N.Y.

11 NAME OF
FATHER

William Marsh Searing

12 BIRTHPLACE
OF FATHER
(State or country)

Saratoga Springs N.Y.

13 MAIDEN NAME
OF MOTHER

Caroline Huling

14 BIRTHPLACE
OF MOTHER
(State or country)

Saratoga Springs N.Y.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. S. S. Searing Widow
Winthrop Mass

(Address)

16 DATE OF DEATH

Oct. 5th, 1910
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

....., 191....., to....., 191.....,

that I last saw h..... alive on....., 191.....,

and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

Contributory...
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed), M.D.

....., 191..... (Address).....

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted,
If not at place of death ?.....

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

Mt Auburn

DATE OF BURIAL

April 20th, 1911

20 UNDERTAKER

Chas. E. Chester

ADDRESS

Trinity Church
Boston Mass

Filed

191

REGISTRAR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—(*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., (*Carcinoma, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Traemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

TRANSPORTATION OF CORPSE.

NEW YORK STATE DEPARTMENT OF HEALTH.

Transit Permit No. _____

PERMIT OF LOCAL BOARD OF HEALTH.

This permit must be properly signed and presented, with Undertaker's Certificate, to the Railroad, Express or other Transportation Agent, before a body can be shipped.

Saratoga Springs Co. of *Saratoga* N. Y., *April 17* 190*1*

Permission is hereby given *W. H. Mantley* holder of Undertaker's License No. *25*

to remove for burial at *W. H. Mantley* Cemetery at *Canton*
(When obtainable)

State of *Mass* the body of *Rev Samuel S. Searing* who died at

Saratoga Springs N. Y., on *Oct 5* 190*1*, at *4* M.

Aged *50* years _____ months _____ days, the cause of death being *Organic Disease of Heart*

which necessitates shipment under Rule No. *7* of the Rules of the New York State Department of Health for the Transportation of the Dead, as printed on the back of this Permit.

Name of person in charge of transit, _____

Signed _____

Clarence J. Leggett
Registrar
(Official Title)

This Permit and Coupon must be detached and delivered to the Person in charge of the Corpse.

RULES OF THE NEW YORK STATE DEPARTMENT OF HEALTH FOR THE TRANSPORTATION OF THE DEAD.

THESE RULES HAVING BEEN DULY ADOPTED AND PROPERLY PUBLISHED, HAVE THE FORCE OF LAW.

RULE 1. The transportation of bodies dead of smallpox or bubonic plague is absolutely forbidden except upon certification, sworn to by the undertaker in charge of the remains, and the certificate of the Health Officer, both to be approved by the State Commissioner of Health, that the bodies have been thoroughly disinfected by (a) arterial and cavity injection with an approved embalming fluid, (b) disinfecting and stopping all orifices with absorbent cotton, and, (c) washing the body with an approved disinfectant, all of which must be done by a licensed embalmer of the State of New York. After being disinfected as above, such body shall be enveloped in a layer of dry cotton not less than one inch thick, completely wrapped in a sheet and bandaged, and encased in an air-tight zinc, copper or lead lined coffin, or iron casket, all joints and seams hermetically sealed, and all enclosed in a strong, tight wooden box. Or, the body being prepared for shipment by disinfecting and wrapping as above, may be placed in a strong coffin or casket, and said coffin or casket encased in an air-tight zinc, copper or tin case, all joints and seams hermetically soldered and all enclosed in a strong outside wooden box, or the casket may be enclosed in a hermetically sealed metal case.

RULE 2. The bodies of those who have died of Asiatic cholera, yellow fever, typhus fever, diphtheria (membranous croup), scarlet fever, (scarlatina, scarlet rash), erysipelas, leprosy, glanders or anthrax, shall not be accepted for transportation unless prepared for shipment in the manner prescribed by Rule 1, the same to be approved and certified to by a local health officer.

RULE 3. The bodies of those dead of typhoid fever, puerperal fever, tuberculosis, measles and cerebro-spinal meningitis, or other dangerous communicable diseases other than those specified in Rules 1 and 2 may be received for transportation when prepared for shipment by filling the cavities with an approved embalming fluid, washing the exterior of the body with an approved disinfectant, stopping all orifices of the body with absorbent cotton, and by being arterially embalmed with an approved embalming fluid, all of which must be done by a licensed embalmer of the State of New York, and the same encased in a coffin or casket and outside wooden or metal box. In the event of bodies dying of diseases mentioned in this rule not reaching their destination within 120 hours after the hour of death, the casket or overbox shall be hermetically sealed.

RULE 4. The bodies of those dead of diseases that are not contagious, infectious or communicable, may be received for transportation when encased in a sound casket or overbox, provided that they reach their destination within thirty hours after death. If the body cannot reach its destination within thirty hours after death, it must be prepared for shipment by filling the cavities with an approved embalming fluid, washing the exterior of the body with an approved disinfectant, stopping all orifices with absorbent cotton and the body must be arterially embalmed with an approved embalming fluid by a licensed embalmer of the State of New York, and the same encased in a coffin or casket and outside wooden or metal box.

RULE 5. In cases of bodies dead of diseases mentioned in Rules 1 and 2, the body must not be accompanied by persons or articles which have been exposed to the infection of the disease, unless certified by the health officer as having been properly disinfected; and before selling passage tickets, agents shall carefully examine the transit permit and note the name of the passenger in charge, and of any others proposing to accompany the body. The transit permit in such cases shall specifically state who is authorized by the local Board of Health to accompany the remains. In all cases where bodies are forwarded under Rules 1 and 2 notice must be sent by telegraph to health officer at destination, advising the date and train on which the body may be expected. This notice must be sent by or in the name of the health officer at the initial point, and is to enable the health officer at destination to take all necessary precautions at that point.

RULE 6. Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "Corpse" for the transportation of the body, and a transit permit—with undertaker's certificate, name of deceased, date of death; age, place of death, cause of death, the point to which the body is to be shipped, and when death is caused by any of the diseases specified in Rules 1 and 2, the name of the person authorized by the local Board of Health to accompany the body. The undertaker's certificate and paster shall be detached from the transit permit and pasted on the coffin box. The transit permit shall be handed to the passenger in charge of the corpse. When a body is transported by express, the express messenger will be in charge of the body, hold the transit permit and surrender the same to the person to whom the corpse is consigned.

RULE 7. Every disinterred body, dead from any disease or cause, shall be treated as infectious or dangerous to the public health and shall not be accepted for transportation unless said removal has been approved by the local health authorities having jurisdiction where such body is disinterred, and the consent of the health authorities of the locality to which the corpse is consigned has first been obtained; and if the death was from causes specified in Rule 1 the approval of the State Commissioner of Health must likewise be obtained. All such disinterred remains shall be enclosed in a hermetically sealed zinc, tin or copper lined coffin or box or hermetically sealed metal case. Bodies deposited in receiving vaults shall not be treated and considered the same as buried bodies when originally prepared by a licensed embalmer of the State of New York as directed in Rules 1, 2 and 3 (according to the nature of the disease causing death), provided shipment takes place within thirty days from time of death. After thirty days all such bodies must be enclosed in a hermetically sealed casket or in a casket enclosed in a hermetically sealed (soldered) zinc, tin or copper lined box or hermetically sealed metal case, and permission must be obtained from the health authorities of the locality to which the corpse is consigned before the shipment is made. Bodies not so prepared and deposited in receiving vaults will be treated the same as buried bodies.

RULE 8. The term "approved embalming fluid" as used in these rules means an embalming fluid that has been submitted to a bacteriological test and approved by the Board of Embalming Examiners of the State of New York. A 5 per cent. solution of carbolic acid, a 1-500 solution of corrosive sublimate or 14 per cent. of a 40 per cent. solution of formaldehyde are approved as disinfectants for external washing of bodies when required by these rules. Other prepared disinfectants of equal germicidal action may also be used.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop

(No. 129 Main

St.;

Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Sarah Agnes Leowbridge
Sarah Agnes Cotten

3 RESIDENCE

129 Main St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

6 DATE OF BIRTH

March 13, 1861
(Month) (Day) (Year)

7 AGE

49 yrs. 6 mos. 24 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Boston, Mass.

10 NAME OF FATHER

John

11 BIRTHPLACE OF FATHER (State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Catherine

13 BIRTHPLACE OF MOTHER (State or country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Katherine L. O'Leary

(Address) 129 Main St. Winthrop

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct. 6, 1910
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Oct. 1, 1910, to Oct. 6, 1910,

that I last saw her alive on Oct. 6, 1910,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 6 ds.

Contributory (SECONDARY)

Bancroft's

(Duration) yrs. mos. 2 ds.

(Signed)

Edward J. Grainger

M.D.

Oct. 7, 1910 (Address) 304 Winthrop St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Worcester R. C. Cent.

Oct 10, 1910

20 UNDERTAKER

ADDRESS

Frederick A. Magrath East Boston

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Oct. 6, 1910.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farmlaborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ectoposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Bhelsea
(City or town.)

1 PLACE OF DEATH

Bhelsea (No. Frost Hospital Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

4 RESIDENCE

Black, Mary E.
Mary E. Sanders - George A. Black
Winthrop, Mass. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

16 DATE OF DEATH

F.

W.

Married

6 DATE OF BIRTH

May 2, 1873
(Month) (Day) (Year)

7 AGE

37 yrs. 5 mos. 2 ds.

If LESS than 1 day.....hrs.
or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

At home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(State or country)

Devonshire, England

10 NAME OF FATHER

John M. Sanders

11 BIRTHPLACE OF FATHER
(State or country)

Devonshire, England

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER
(State or country)

"

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Geo. A. Black

15

Filed

Oct 7, 1910

REGISTRAR

17 I HEREBY CERTIFY that I attended deceased from

Aug 4, 1910, to Oct 7, 1910,
that I last saw him alive on Oct 7, 1910,

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

Carcinoma of colon,
splenic flexure

(Duration).....yrs. 6 mos. - ds.

Contributory
(SECONDARY)

(Duration).....yrs. - mos. - ds.

(Signed) O. E. Johnson M.D.

(Oct 7, 1910 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. - mos. 1 1/2 ds. In the State.....yrs. - mos. - ds. -

Where was disease contracted, if not at place of death? Winthrop, Mass.

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop, Mass.

Oct 7, 1910

20 UNDERTAKER

ADDRESS

B. R. Burdison

Winthrop

N. B. - Every item of information should be fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., (*archionæ*, *Sarcinæ*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Strangulation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

STANDARD CERTIFICATE OF DEATH.

Oct. 15, 1910.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), ²⁹ *ds.*; *Bronchopneumonia* (secondary), ¹⁰ *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

73 Loring Road (No. *Winthrop* Mass. St.;

Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Charles Franklin Brown

3 RESIDENCE # *73 Loring Road Winthrop* Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX *Male* 5 COLOR OR RACE *White* 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
(Write the word)

7 DATE OF BIRTH *April 8, 1872*
(Month) (Day) (Year)

8 AGE *38* yrs. *6* mos. *8* ds. If LESS than 1 day, hrs. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work, *Shoe Salesman*

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country) *Woodstock Conn.*

11 NAME OF FATHER *Charles Henry Brown*

12 BIRTHPLACE OF FATHER (State or country) *Vermont*

13 MAIDEN NAME OF MOTHER *Wesley Tirrell*

14 BIRTHPLACE OF MOTHER (State or country) *Underhill Vt.*

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Susan L. Brown*
(Address) *73 Loring Road*

16 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH *Oct. 16, 1910*
(Month) (Day) (Year)

18 I HEREBY CERTIFY that I attended deceased from *Oct. 3d, 1910*, to *Oct. 16, 1910*, that I last saw *him* alive on *Oct. 16, 1910*, and that death occurred, on the date stated above, at *10* m.

The CAUSE OF DEATH* was as follows:

Chronic Tabular Heart Disease

(Duration) yrs. *3* mos. ds. Contributory *Dropsy (Renal)*
(SECONDARY) (Duration) yrs. *1* mos. ds.

(Signed) *W. J. Porter*, M.D. *Oct. 17, 1910* (Address) *Winthrop*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death? Former or usual residence.

20 PLACE OF BURIAL OR REMOVAL *Winthrop Mass* DATE OF BURIAL *Oct. 18, 1910*

21 UNDERTAKER *W. J. Porter* ADDRESS *Winthrop Mass*

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Oct. 16, 1910.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonium, etc. (*Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Emposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop Mass (No. *16 Nevada St* St.;

Ward)

2 FULL NAME

Samuel Burnett Bassett

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

#16 Nevada St Winthrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widowed

15 DATE OF DEATH

Oct. 19th 19*10*
(Month) (Day) (Year)

6 DATE OF BIRTH

Nov 2, 18*43*
(Month) (Day) (Year)

7 AGE

67 yrs. *11* mos. *14* ds. or min.?

If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

None

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE

(State or country)

Chelsea Mass.

10 NAME OF FATHER

Samuel Bassett

11 BIRTHPLACE OF FATHER (State or country)

Boston Mass

12 MAIDEN NAME OF MOTHER

Lillian Burnham

13 BIRTHPLACE OF MOTHER (State or country)

Chelsea Mass

PARENTS

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Elmer H. Bassett

(Address)

16 Nevada St

17 I HEREBY CERTIFY that I attended deceased from *Sept. 1st*, 19*10*, to *Oct. 19*, 19*10*, that I last saw him alive on *17th Oct.*, 19*10*, and that death occurred, on the date stated above, at *10* m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

Bariatric dropsy

(Duration) yrs. mos. ds.

(Signed)

My wife

M.D.

Oct. 20, 19*10* (Address) *Winthrop*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

16 PLACE OF BURIAL OR REMOVAL

Garden Cemetery Chelsea

DATE OF BURIAL

Oct 21, 19*10*

17 UNDERTAKER

W. H. Bennett

ADDRESS

Winthrop Mass.

Filed

191

REGISTRAR

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Oct. 19, 1910.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Esposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH—1910.

CITY OF
BOSTON.FULL NAME John McNiven Registered No. 9405Place of Death } Boston Mass. Gen. Hospt.
and Residence }Date of Death Oct. 22 1910. Age 69 years 5 months 16 days.

STATISTICAL DETAILS.

SEX M COLOR W SINGLE, MARRIED, WID., DIV. M

Maiden Name.....

Husband's Name.....

Birthplace.....

Name of Father Malcolm McNivenBirthplace of Father ScotlandMaiden Name of Mother Effie McLeanBirthplace of Mother ScotlandOccupation Sta. Engineer

Informant.....

Place of Burial or removal WinthropUndertaker E B Douglass
Chelsea

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1910, to 1910,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Cancer of rectum Chr. Intestinal
obstruction - 1 yrContributory: }
(Duration)(Signed) C R Metcalf M.D.Oct. 23 1910.

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

In hospital 5 daysUsual Residence Winthrop (24 River Road)Filed Oct. 25 1910.A true copy.
Attest:E W McGlenen

Registrar.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Wentworth Mass (No. *20 Bowdoin St* St.;

St.;

Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Baby Smith

3 RESIDENCE

20 Bowdoin St Wentworth Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

Oct

21

1910

(Month)

(Day)

(Year)

7 AGE

X

yrs.

X

mos.

3

ds.

If LESS than 1 day, hrs.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Wentworth

10 NAME OF FATHER

Benjamin P. Smith

11 BIRTHPLACE OF FATHER

(State or country)

Wentworth Mass

12 MAIDEN NAME OF MOTHER

Emma H McDonald

13 BIRTHPLACE OF MOTHER

(State or country)

Lutes Me

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

X

(Informant)

Benjamin P Smith

(Address)

20 Bowdoin St Wentworth

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

October 24

1910

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I attended deceased from

Oct 21

1910

to Oct 24

1910

that I last saw *her* alive on *Oct 23*, 1910,

and that death occurred, on the date stated above, at *6 a m.*

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration)

yrs.

mos.

ds.

Contributory (SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

C. Delmon

M.D.

Oct 24, 1910

(Address)

Wentworth Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

of death

yrs.

mos.

ds.

In the

State

yrs.

mos.

Where was disease contracted, If not at place of death?

Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL

Wentworth Cemetery

DATE OF BURIAL

Oct 26, 191

20 UNDERTAKER

C. B. Smith

ADDRESS

Wentworth

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Turner (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningis, peritonæum, etc., (*Carcinoma, Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic nutcracker heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asbæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc. When a definite disease can be ascertained as the cause, always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Asphyxia*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop.

(No. *15 Ware Way*

St.;

Ward)

2 FULL NAME

Paul Goldsmith

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

15 Ware Way Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

Oct

20

1910

(Month)

(Day)

(Year)

7 AGE

X yrs. *X* mos. *4* ds.

If LESS than 1 day, hrs.

or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE

(State or country)

15 Ware Way Winthrop

10 NAME OF FATHER

Louis Goldsmith

11 BIRTHPLACE OF FATHER

(State or country)

New York City

12 MAIDEN NAME OF MOTHER

Mary Agnes Kelly

13 BIRTHPLACE OF MOTHER

(State or country)

New York City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct.

24

1910

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I attended deceased from

Oct. 20

1910

to Oct. 24

1910

that I last saw him alive on *Oct. 24* 191*0*,

and that death occurred, on the date stated above, at *10 P.* m.

The CAUSE OF DEATH* was as follows:

Malnutrition & underdevelopment.

(Duration) yrs. mos. *4* ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) *J. J. Porter* M.D.

Oct. 20 191*0* (Address) *Winthrop*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Holy Cross Cemetery

DATE OF BURIAL

Oct. 25 191*0*

20 UNDERTAKER

E. R. Bennett

ADDRESS

Winthrop

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Oct. 24, 1910.

Statement of occupation.—Precise statement of occupa-

tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dug laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., (*Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop Mass (No. *105 Ocean View Street* St.;

Ward)

2 FULL NAME

Harold Smith

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

105 Ocean View Street Winthrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

7 DATE OF BIRTH

Oct

(Month)

20

(Day)

1910

(Year)

8 AGE

X yrs.

X mos.

5 ds.

If LESS than 1 day, hrs. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE

(State or country)

Winthrop Mass

11 NAME OF FATHER

Squire Smith

12 BIRTHPLACE OF FATHER

(State or country)

England

13 MAIDEN NAME OF MOTHER

Mary Elizabeth Cooper

14 BIRTHPLACE OF MOTHER

(State or country)

England

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Squire Smith

(Address)

105 Ocean View Street

16 Filed

191

REGISTRAR

17 DATE OF DEATH

Oct. 25

(Month)

(Day)

191

(Year)

18 I HEREBY CERTIFY that I attended deceased from *Oct. 20*, 1910, to *Oct. 25*, 1910, that I last saw him alive on *Oct. 24*, 1910, and that death occurred, on the date stated above, at *1:30 A.M.*

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) yrs. mos. *2* ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) *Edmund F. Moran*, M.D. *Oct. 26*, 1910 (Address) *Bennington St. E.B.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

20 PLACE OF BURIAL OR REMOVAL

Winthrop Cemetery

DATE OF BURIAL

Oct 26, 1910

21 UNDERTAKER

B R Perreault

ADDRESS

Winthrop

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Oct. 20 1910.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Korean*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Typhlteria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH—1910.

CITY OF
BOSTON.FULL NAME William B Fisher Registered No. 9479Place of Death } Boston State Hospt.
and Residence }Date of Death Oct. 25 1910. Age 59 years 4 months 19 days.

STATISTICAL DETAILS.

SEX M COLOR W SINGLE, MARRIED, WID., DIV. M

Maiden Name.....

Husband's Name.....

Birthplace Wheeling, W. Va.Name of Father Benjamin FisherBirthplace of Father -----Maiden Name of Mother Eltazera BaileyBirthplace of Mother -----Occupation None

Informant.....

Place of Burial or removal Wheeling, W. Va.Undertaker J S Waterman & Sons

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1910, to 1910,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } General paresis-1 yr +
(Duration)Contributory: }
(Duration)(Signed) E C Noble M.D.Oct. 25 1910.

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WinthropFiled Oct. 27 1910.A true copy.
Attest:EWM Glenew

Registrar.

THE COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *George O. Maley* Registered No. _____
 Place of Death* } *79 Atlantic St Winthrop* Date of Death } *Oct 27* 19*10*
 Residence *79 Atlantic St* Age *5* years *3* months *24* days

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Winthrop Mass</i>		
NAME OF FATHER <i>John F. O. Maley</i>		
BIRTHPLACE OF FATHER ‡ <i>Portsmouth N.H.</i>		
MAIDEN NAME OF MOTHER <i>Ellen T. Kelly</i>		
BIRTHPLACE OF MOTHER ‡ <i>Boston Mass</i>		
OCCUPATION _____		
INFORMANTS <i>John F. O. Maley</i> <i>79 Atlantic St.</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Oct. 10* 19*10* to *Oct 27* 19*10*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Tubercular Meningitis*

(DURATION) *17* DAYS

Contributory: *Pneumonia*

(DURATION) *8* DAYS

(Signed) *Edward J. Grainger* M.D.

Oct. 27 19*10* (Address) *309 W. 11th St.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____ 19 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL || *Holy Cross* DATE OF BURIAL *10/29* 19*10*
 UNDERTAKER *Frederick A. Braggett* ADDRESS *East Boston*

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

George & Mary
Oct. 27, 1910.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Youngs Hotel

(No.)

St.;

Ward)

2 FULL NAME

Martha Leane Caldwell

[If married or divorced woman or widow give maiden name, also name of husband]

John Caldwell

3 RESIDENCE

Youngs Hotel

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Married

7 DATE OF BIRTH

11
(Month)

21
(Day)

1863
(Year)

8 AGE

47 yrs. *11* mos. *15* ds.

If LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

at Home

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE

(State or country)

Madison Wis.

11 NAME OF FATHER

Abel A. Dutton

12 BIRTHPLACE OF FATHER

(State or country)

London Eng.

13 MAIDEN NAME OF MOTHER

Sarah E. Arnold

14 BIRTHPLACE OF MOTHER

(State or country)

Providence R.I.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov.
(Month)

5th
(Day)

1910
(Year)

17 I HEREBY CERTIFY that I attended deceased from

....., 191....., to , 191.....,

that I last saw h..... alive on , 191.....,

and that death occurred, on the date stated above, at *10* a.m.

The CAUSE OF DEATH* was as follows:

Tubercular tumor of pelvis operation at Carney Hospital, followed by further developments of the disease.

(Duration) yrs. mos. ds.

Contributory.

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Albert B. Bowman

M.D.

Nov. 5th, 1910. (Address) *Winthrop, Mass.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Cem.

Nov. 5th, 1910

20 UNDERTAKER

ADDRESS

H. C. Shapiro

Edwin St.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Nov. 5, 1910

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *House-keepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*typho-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., (*tubercula*, *Sarcoma*, etc., of... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated, unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asaemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc. When a definite disease can be ascertained as the cause, always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as (*Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Cambridge

(City or town.)

1 PLACE OF DEATH

Cambridge

(No. 350 Charles River Rd.

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

James Donerty

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

27 Ocean Spray Ave., Winthrop

Registered No. 1600

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

M

5 COLOR OR RACE

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

W

7 DATE OF BIRTH

(Month)

(Day)

(Year)

8 AGE

54 yrs. 0 mos. 0 ds.

If LESS than 1 day, hrs. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Liquor Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Ireland

11 NAME OF FATHER

Patrick Donerty

12 BIRTHPLACE OF FATHER (State or country)

Ireland

13 MAIDEN NAME OF MOTHER

Margaret Devlin,

14 BIRTHPLACE OF MOTHER (State or country)

Ireland

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Cornelius Donerty
Winthrop, Mass.

(Address)

16 Filed. Nov. 8, 1910.

Attest M. Seal
Civil City Clerk

REGISTRAR

17 DATE OF DEATH

Nov. 6, 1910

(Month)

(Day)

191

(Year)

18

I HEREBY CERTIFY that I attended deceased from

191, to 191,

that I last saw h alive on 191,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 6 ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

M.D.

191 (Address)

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

20 PLACE OF BURIAL OR REMOVAL

Holy Cross, Malden.

DATE OF BURIAL

Nov. 7, 1910

191

21 UNDERTAKER

Felix F. Talbot,

ADDRESS

Charlestown.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Træmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Swicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

(City or town.)

Wintthrop (No. *14*, *Edgerton Pl* St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH

7 AGE

If LESS than 1 day, hrs.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work...

(b) General nature of industry, business, or establishment in which employed (or employer).....

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

November *10th*, 19*10*.
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Nov. 6th, 1910, to *Nov. 10th*, 1910,
that I last saw him alive on *Nov. 9th*, 1910,
and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH* was as follows:

Bronchitis
(Duration) yrs. mos. *10* ds.

Contributory *Heart Disease*
(SECONDARY) (Duration) yrs. mos. ds.

(Signed) *H. J. Patten*, M.D.
Nov. 10 191*0* (Address) *Wintthrop, Mass.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Wintthrop Cemetery *11-12*, 1910

20 UNDERTAKER

ADDRESS

H. C. Kage *Columbia St.*

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., (*carcinoma, sarcoma, etc.*, of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asplenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Stricte*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Esposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wintthrop Mass (No. 33 Douglas St

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Hellen. Estelle. Ford

3 RESIDENCE

33 Douglas St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

7 DATE OF BIRTH

Nov

(Month)

1

(Day)

1894

(Year)

8 AGE

18

yrs.

X

mos.

10

ds.

If LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

So Boston Mass

11 NAME OF FATHER

Herbert M. Ford

12 BIRTHPLACE OF FATHER

(State or country)

Waltham Mass

13 MAIDEN NAME OF MOTHER

Annie Victoria Scott

14 BIRTHPLACE OF MOTHER

(State or country)

Boston Mass

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Herbert M. Ford

(Address)

33 Douglas St Wintthrop

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

November 11, 1910

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I attended deceased from

January, 1908, to Nov. 11, 1910,

that I last saw her alive on Nov. 11, 1910,

and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of the intestine

(Duration) 1 yrs. — mos. — ds.

Contributory (SECONDARY)

Anemia

(Duration) 1 yrs. — mos. — ds.

(Signed)

Dr. George W. Noyes, M.D.

Nov. 12, 1910. (Address) 60 Douglas St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. — mos. — ds. In the State yrs. — mos. — ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Wintthrop Cemetery

1, 1910

20 UNDERTAKER

ADDRESS

Chas R. Beaman Wintthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop

(No. 68 Bates Avenue)

St.

Ward

2 FULL NAME

Catherine A. Lill

[If married or divorced woman or widow give maiden name, also name of husband.]

Wife of George M. Lill

nee Laffey

3 RESIDENCE

68 Bates Avenue, Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED

married

[Write the word]

7 DATE OF BIRTH

(Month)

(Day)

(Year)

8 AGE

49

yrs.

mos.

ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

West Newton Mass.

11 NAME OF FATHER

Michael Laffey

12 BIRTHPLACE OF FATHER

(State or country)

Ireland

13 MAIDEN NAME OF MOTHER

Bridget Clark

14 BIRTHPLACE OF MOTHER

(State or country)

Ireland

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

John W. Lill

(Address)

68 Bates Ave.

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov.

14

1910

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I attended deceased from

July 15, 1910, to Nov. 14, 1910,

that I last saw him alive on Nov. 14, 1910,

and that death occurred, on the date stated above, at 2:40 P.M.

The CAUSE OF DEATH* was as follows:

Epithelioma of Cervix Uteri

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

Cardiac Osedema

(Duration) yrs. mos. ds.

(Signed)

J. J. Porter

M.D.

Nov 15, 1910 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Thomas J. Lill 68 Bates Ave. Nov 17, 1910

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

1910

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Trill engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., (*Tubercle, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *E-cposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

CITY OF
BOSTON.

RETURN OF A DEATH—1910.

FULL NAME Florence A Crossman Registered No. 10223Place of Death } Boston
and Residence } N.E.Deaconess Hospt.Date of Death Nov.20 1910. Age 54 years 11 months 9 days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

F W MMaiden Name PollardHusband's Name Albert P CrossmanBirthplace RocklandName of Father Isaac PollardBirthplace of Father IpswichMaiden Name of Mother Lydia StetsonBirthplace of Mother RocklandOccupation Hous ewife

Informant

Place of Burial or removal Cambridge "Camb.Cem"Undertaker L Jones & Son

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from1910, to1910,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } Ac.Intestinal paralysis, fol
(Duration) } abdominal hysterectomy, for
malignant diseaseContributory: }
(Duration) }(Signed) G W Kaan M.D.Nov.21 1910.

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents:

In hospital 8 daysUsual Residence Winthrop (5 Hillside st)Filed Nov.25 1910.A true copy.
Attest:EWM Glenen

Registrar.

STANDARD CERTIFICATE OF DEATH.

Nov. 22, 1910

Statement of occupation.—Precise statement of occupa-

tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Draemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Eczema*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Wintrop mass (No. 42541 Nov. St.; Ward)

2 FULL NAME

Marion Louise Bloomfield

[If married or divorced woman or widow give maiden name, also name of husband.]

Portridge - H. Stanley

3 RESIDENCE

155 Woodside Ave Wintrop mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

Aug.

4

1885

(Month)

(Day)

(Year)

8 AGE

25

3

mos.

13

ds.

If LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Mass. Boston Highlands

11 NAME OF FATHER

Albert Portridge

12 BIRTHPLACE OF FATHER (State or country)

Boston Mass.

13 MAIDEN NAME OF MOTHER

Marion L. Huntley

14 BIRTHPLACE OF MOTHER (State or country)

Roxbury Mass.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

H. Stanley Bloomfield

(Address)

42541 Wintrop

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Nov 22

(Month)

(Day)

1910 (Year)

I HEREBY CERTIFY that I attended deceased from

Nov 22

1910

to Nov 22

1910

that I last saw him alive on Nov 22

1910

and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH* was as follows:

Relapse

(Duration)

ys.

mos.

1 ds.

Contributory (SECONDARY)

(Duration)

ys.

mos.

ds.

(Signed)

B. J. Medical

M.D.

Nov 24

1910

(Address)

Wintrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

of death

ys.

mos.

ds.

In the

State

ys.

mos.

ds.

Where was disease contracted, If not at place of death?

Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL

Wintrop

DATE OF BURIAL

Nov 22, 1910

20 UNDERTAKER

E. J. Huntley

ADDRESS

Wintrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

W 22, 1910

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Jug laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Typhtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritonæum, etc., *Carcinoma, Sarcoma, etc.*, of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide, etc.*
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Exposure, etc.*
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism, etc.*
4. Deaths under circumstances unknown, as *A person found dead, etc.*

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

39 Winthrop

(No. 39 Hermon

St. :

Ward)

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Bridget Maria McCallion

[If married or divorced woman or widow give maiden name, also name of husband.]

M^{rs} Donald widow of Daniel T. McCallion

3 RESIDENCE 241 Webster St. E Boston

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widowed

7 DATE OF BIRTH

(Month)

(Day)

(Year)

8 AGE

65 yrs.

mos.

ds.

If LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Ireland

11 NAME OF FATHER

John

12 BIRTHPLACE OF FATHER (State or country)

Ireland

13 MAIDEN NAME OF MOTHER

Mary Cahill

14 BIRTHPLACE OF MOTHER (State or country)

Ireland

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs L. J. Hennessy

(Address)

210 Webster St. E. B.

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov

22

1910

(Month)

(Day)

(Year)

I HEREBY CERTIFY that I attended deceased from

Nov 21st, 1910, to Nov 21st, 1910,

that I last saw him alive on Nov 21st, 1910,

and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

apoplexy.

(Duration)

yrs.

mos.

2 ds.

Contributory (SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

Nov 22nd, 1910

(Address)

Winthrop

M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

of death

yrs.

mos.

ds.

In the

State

yrs.

mos.

ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross Malden

Nov 24, 1910

19 UNDERTAKER

ADDRESS

Thos. J. Lane

123 South St. Boston

STANDARD CERTIFICATE OF DEATH.

Mo. 22, 1910.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Trill engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Woman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Kann laborer*, *Laborer*—(*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonitis, etc., (*Arterio-sclerosis*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

1 PLACE OF DEATH

Winthrop Mass (No. 15 Trident Ave. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Alice C. Foster

[If married or divorced woman or widow give maiden name, also name of husband.]

Alice C. Dunster villa, (husband, George S. Foster)

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

? 1862 (Month) (Day) (Year)

7 AGE

48

yrs.

mos.

ds.

If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work,

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

House work

9 BIRTHPLACE

(State or country)

Boston

10 NAME OF FATHER

John Dunster villa

11 BIRTHPLACE OF FATHER

(State or country)

St. John New Brunswick

12 MAIDEN NAME OF MOTHER

Mary ?

13 BIRTHPLACE OF MOTHER

(State or country)

New Brunswick

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

George S. Foster

(Address)

15 Trident at Winthrop Mass

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

November 28, 1910 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

1908, 1910, to 1910, 1910

that I last saw her alive on Nov 1st, 1910

and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Heart Disease (Mitral Regurgitation) Diabetes

at least 3 years (Duration) yrs. mos. ds.

Contributory (SECONDARY)

Diabetes at least 6 months (Duration) yrs. mos. ds.

(Signed)

William Bruce Rorain, M.D.

Nov 29, 1910 (Address) 356 Marlboro St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Calvary Cemetery,

Nov. 30, 1910

20 UNDERTAKER

ADDRESS

John V. Rorain, Wm

157 A. St.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *House-keepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never re-port "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *metastases*, *Peritonaeum*, etc., (*Uræmia*, *Sarcina*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

2882

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop (No. 15, Irving Ave) St., Ward

2 FULL NAME

Aline C. Foster

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE

15 Irving Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

nt 55 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov 28, 1910
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural causes
heart disease

(Duration) yrs. mos. ds.

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) George Baynes Magneth, M.D.

Nov 29, 1910

(Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

191

20 UNDERTAKER

ADDRESS

N. B. — Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

should be stated EXACTLY. PHYSICIANS should state

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchio-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Eczema*, *posture*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Worcester
(City or town.)

1 PLACE OF DEATH

Worcester Mass (No. *4 Cottonwood Circle* Nov 28 1910) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Baby Harris
[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

4 Cottonwood Circle

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

7 DATE OF BIRTH

November 20, 1910
(Month) (Day) (Year)

8 AGE

X yrs. *X* mos. *X* ds. or *X* min. ?
If LESS than 1 day, 5 hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work,...

(b) General nature of industry, business, or establishment in which employed (or employer)...

10 BIRTHPLACE

(State or country) *Worcester Mass*

11 NAME OF FATHER

Charles E. Harris

12 BIRTHPLACE OF FATHER (State or country)

Haverhill N. H.

13 MAIDEN NAME OF MOTHER

Eliza L. Haynes

14 BIRTHPLACE OF MOTHER (State or country)

Boston

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

L. R. Bennett

(Address)

Worcester Mass

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov *28*, 1910
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Nov 28, 1910, to *Nov 28*, 1910,

that I last saw him alive on *Nov 28*, 1910,

and that death occurred, on the date stated above, at *1030* p.m.

The CAUSE OF DEATH* was as follows:

Marasmus
5 hours (Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Dr. J. M. Johnson, M.D.
Worcester (Address)

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Worcester Cemetery

DATE OF BURIAL

Nov, 1910

20 UNDERTAKER

C. R. Bennett

ADDRESS

Worcester

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Turner (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubercular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ectoposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

THE COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

10 West Street
(CITY OR TOWN)

FULL NAME *John Capen. Beggs Jr* Registered No. _____
Place of Death* } *Metcalfe Hospital* Date of Death } *Nov 29* 19*10*
Residence *14 Everett St. Springfield* Age *14* years *8* months *12* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <i>Springfield, Mass</i>		
NAME OF FATHER <i>John Capen. Beggs Sr</i>		
BIRTHPLACE OF FATHER ‡ <i>Springfield, Mass</i>		
MAIDEN NAME OF MOTHER <i>Della H. Page</i>		
BIRTHPLACE OF MOTHER ‡ <i>Springfield</i>		
OCCUPATION <i>School Boy</i>		
INFORMANT § <i>John C. Beggs Sr</i>		

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 19 to _____ 19, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: _____

Contributory: _____

(Signed) _____ M.D.

_____ 19 (Address) _____

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____ 19 _____ Clerk

PLACE OF BURIAL OR REMOVAL <i>Springfield, Mass</i>	DATE OF BURIAL <i>Nov 30</i> 19 <i>10</i>
UNDERTAKER <i>E. A. Brown</i>	ADDRESS <i>Metcalfe Hospital</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL



N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

2887

Winthrop
(City or town.)

1 PLACE OF DEATH

Winthrop Metcalf Hospital St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

4 RESIDENCE

John C. Beggs, Jr.

Springfield

Registered No.

19422

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

If LESS than 1 day, hrs.

14 yrs. mos. ds. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)
(Address)

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov 29 1910
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Fracture of the skull with associated hemorrhage, contusion, and oedema of the brain, caused by jumping from a window during a conflagration.
(Duration) yrs. mos. ds.
(Signed) George Burger Magrath, M.D.
Nov 29, 1910 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop, Mass

191

20 UNDERTAKER

ADDRESS

C. R. Bennison

Winthrop Mass

STANDARD CERTIFICATE OF DEATH.

29, 1910.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The ...-cial worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meningitis*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH—1910.

CITY OF
BOSTON.FULL NAME Caroline M Smallhoff Registered No. 10551Place of Death } Boston
and Residence } Boston State Hospt.Date of Death Dec.1 1910. Age 68 years 4 months 25 days.

STATISTICAL DETAILS.

SEX F COLOR W SINGLE, MARRIED, WID., DIV. MMaiden Name MorganHusband's Name Jacob SmallhoffBirthplace BostonName of Father James H MorganBirthplace of Father Eastport, Me.Maiden Name of Mother Caroline A WellsBirthplace of Mother BostonOccupation Housewife

Informant

Place of Burial or removal Dorchester (Codman Ground)Undertaker J P Cleary

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1910, to 1910,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary } Involution Melanchia - 4 mos.
(Duration)Contributory } Broncho-Pneumonia - 3 dys
(Duration)(Signed) S E Vosburgh M.D.Dec.1 1910

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

In hospital 16 daysUsual Residence Winthrop (63 Buchanan st)Filed Dec.5 1910.A true copy.
Attest:EWM Glenen

Registrar.

1877

1877

1877

CITY OF
BOSTON.

RETURN OF A DEATH—1910.

FULL NAME James R Dunn Registered No. 10757Place of Death } Boston
and Residence } City Hospt.Date of Death Dec.6 1910. Age 26 years 4 months 25 days.

STATISTICAL DETAILS.

PHYSICIAN'S CERTIFICATE.

SEX COLOR SINGLE, MARRIED, WID., DIV.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1910, to 1910,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:

Maiden Name.....

Husband's Name.....

Birthplace.....

Name of
Father.....Birthplace
of Father.....Maiden Name
of Mother.....Birthplace
of Mother.....

Occupation.....

Informant.....

Primary:
(Duration)Pneumonia - 5 dysContributory:
(Duration)(Signed) A J White M.D.Dec.7 1910.

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial
or removal.....Winthrop "Winthrop Cem"Usual Residence Winthrop (45 Cottage ave)

Undertaker.....

W C SkaggsFiled Dec.10 1910.WinthropA true copy.
Attest:EWM Glenen

Registrar.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

(City or town.)

PLACE OF DEATH

Winthrop (No. *25 Perkins* St.,

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

RESIDENCE *25 Perkins St.*

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

DATE OF BIRTH

(Month)

(Day)

(Year)

AGE

If LESS than 1 day, hrs. or min. ?

OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)...

BIRTHPLACE (State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY that I attended deceased from

Dec 6th, 191*0*, to *Dec 17th*, 191*1*,

that I last saw *him* alive on *Dec 10th*, 191*0*,

and that death occurred, on the date stated above, at *9-15 a.m.*

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

American (Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

M. J. Porter, M.D. *Dec 10th*, 191*0* (Address) *Winthrop*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

St. John's *Dec 17, 1910*

UNDERSTAKER

ADDRESS

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE CAREFULLY, WITH CORRECT SPELLING

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Trail engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonitum, etc., (*carcinoma, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; (*Chronic tubercular heart disease*); *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Keposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

1 PLACE OF DEATH

Winthrop

(No. 7

Pemble Ave

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Benjamin W Parker

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

7 Pemble Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widower

7 DATE OF BIRTH

March

9

1839

8 AGE

71 yrs. 2 mos. 28 ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Broker

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE (State or country)

Boston Mass

11 NAME OF FATHER

Nathaniel Parker

12 BIRTHPLACE OF FATHER (State or country)

Proton Mass

13 MAIDEN NAME OF MOTHER

Mary B. Parker (Maiden)

14 BIRTHPLACE OF MOTHER (State or country)

Pepperell Mass

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Clark Parker

(Address)

7 Pemble Ave

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Dec.

12

1910

(Month)

(Day)

(Year)

18 I HEREBY CERTIFY that I attended deceased from

Dec 8, 1910, to Dec. 12, 1910,

that I last saw him alive on 12th Dec, 1910,

and that death occurred, on the date stated above, at 9.45 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration)

yrs.

mos.

1 1/2 ds.

Contributory

(SECONDARY)

Chronic Gastritis

Malignant (?)

(Duration)

2 yrs.

mos.

ds.

(Signed)

H. E. Bragdon

M.D.

Dec. 13, 1910

(Address)

Central Ave & B

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death

yrs.

mos.

ds.

In the State

yrs.

mos.

ds.

Where was disease contracted, if not at place of death?

Former or usual residence

20 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Forest Hill

Dec 16, 1910

21 UNDERTAKER

ADDRESS

H. E. Eastman Co

251 Tremont St

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Trauma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop Mass (No. *335 Winthrop St* St.;

Ward)

2 FULL NAME

Kenneth, Belcher

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

335 Winthrop St, Winthrop, Mass. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

X

7 DATE OF BIRTH

Dec 10, 1910 (Month) (Day) (Year)

8 AGE

X yrs. *X* mos. *4* ds. or min.?

If LESS than 1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work...

(b) General nature of industry, business, or establishment in which employed (or employer)...

10 BIRTHPLACE (State or country)

Winthrop Mass

11 NAME OF FATHER

Alphonso W. Belcher

12 BIRTHPLACE OF FATHER (State or country)

Winthrop Mass

13 MAIDEN NAME OF MOTHER

Mary L. Litch, Inoses

14 BIRTHPLACE OF MOTHER (State or country)

Winthrop Mass

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

A. phonso W. Belcher
335 Winthrop St, Winthrop

16 DATE OF DEATH

December 14, 1910 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Dec 10, 1910, to *Dec 14*, 1910, that I last saw him alive on *Dec 14*, 1910, and that death occurred, on the date stated above, at *1:30 P m.*

The CAUSE OF DEATH* was as follows:

Haemophilia neonatorum

(Duration) *X* yrs. *X* mos. *4* ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

W. J. Plummer, M.D.
Dec 15, 1910 (Address) *Winthrop Mass*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Mass

Dec 15, 1910

20 UNDERTAKER

ADDRESS

Chas H. Bannister

Winthrop

Filed

191

REGISTRAR

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Turner (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Typhoid fever* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc. When a definite disease can be ascertained as the cause, always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicæmia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Snakebite*, *Monieide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Melrose Hospital (No. *Winthrop St*)

St.;

Ward)

2 FULL NAME

Susannah Alberta Taylor

[If married or divorced woman or widow give maiden name, also name of husband.]

Susannah Alberta Parker wife of Oscar M. Taylor

3 RESIDENCE

37 Nevada Street Winthrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

April 12, 1848
(Month) (Day) (Year)

8 AGE

62 yrs. *8* mos. *2* ds.
If LESS than 1 day, hrs. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Aylesford, Kings County, Nova Scotia

11 NAME OF FATHER

Church Parker

12 BIRTHPLACE OF FATHER (State or country)

Nova Scotia

13 MAIDEN NAME OF MOTHER

Lizden Partish

14 BIRTHPLACE OF MOTHER (State or country)

Nova Scotia

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C R Bunker

(Address)

Winthrop Mass

Filed

191

REGISTRAR

16 DATE OF DEATH

Dec 14, 1910
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Dec 12, 1910, to Dec 14, 1910,

that I last saw *her* alive on *Dec 14, 1910,*

and that death occurred, on the date stated above, at *10:50 p.m.*

The CAUSE OF DEATH* was as follows:

Strangulated hernia operation

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

B D Nuttall M.D.

Dec 16, 1910 (Address) *174 Workshop St*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death? *39 Nevada St Winthrop*

Former or usual residence *39 Nevada St.*

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Cemetery Dec 16 1910

20 UNDERTAKER

ADDRESS

C R Bunker Winthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—(*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*tuberculum*, *Sarcina*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ectoposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Mitcheff Hospital (No. 174 Northrop St. St.;

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Helaine Leaudley

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH

December 15, 1910 (Month) (Day) (Year)

7 AGE

If LESS than 1 day, 20 hrs.

Yes. Mos. ds. or 2.5 min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work...

(b) General nature of industry, business, or establishment in which employed (or employer)...

9 BIRTHPLACE

(State or country)

Northrop Mass

10 NAME OF FATHER

Cornell B. Leaudley

11 BIRTHPLACE OF FATHER

(State or country)

Madison No. Carolina

12 MAIDEN NAME OF MOTHER

Fanny Pearl Hauff

13 BIRTHPLACE OF MOTHER

(State or country)

Greenville Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F. A. Royce

(Address) 174 Northrop St.

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec. 15, 1910 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Dec. 15 - (1.35 a.m.) 1910, to Dec. 15 (10 P. M.), 1910, that I last saw h.w. alive at 9.56 P. M., 1910, and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

Premature - No Vitality

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

B. J. Mitcheff

M.D.

(Address) 191

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Cemetery

Dec 16 1910

20 UNDERTAKER

ADDRESS

W. J. Benson

Winthrop

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Toil mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated, unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asibemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Traemia," "Weakness," etc. When a definite disease can be ascertained as the cause, always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Fracture*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. - Every item of information should be carefully supplied. AGE must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Metcalfe Hospital (No. 111) Winthrop St.

St.;

Ward)

Winch. St.
(City or town.) Mass.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Francis, C. Boney

[If married or divorced woman or widow give maiden name, also name of husband.]

Francis Boney widow of John Boney

3 RESIDENCE

303 Shirley St Winch. Mass.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

Colored

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

widow

6 DATE OF BIRTH

Mar

2

1886

(Month)

(Day)

(Year)

7 AGE

41

yrs.

mos.

21

ds.

If LESS than 1 day, hrs.

or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

Laundress

(b) General nature of industry, business, or establishment in which employed (or employer).

in Laundry

9 BIRTHPLACE

(State or country)

Winnington N.C.

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER

(State or country)

N.C.

12 MAIDEN NAME OF MOTHER

N.C.

13 BIRTHPLACE OF MOTHER

(State or country)

N.C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Frank Boney

(Address)

29 Virginia Road N. Boston

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec.

22

1910

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I attended deceased from

Dec. 6th, 1910, to Dec. 22nd, 1910,that I last saw her alive on Dec. 22nd, 1910,

and that death occurred, on the date stated above, at 10 P.m.

The CAUSE OF DEATH* was as follows:

Septic Pancer

Duration) yrs. mos. ds.

Contributory (SECONDARY)

Exhaustion

(Duration) yrs. mos. ds.

(Signed)

J. H. Boney

M.D.

Dec. 22, 1910 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop Cemetery

DATE OF BURIAL

Dec 24, 1910

20 UNDERTAKER

C. A. Boney

ADDRESS

Winthrop Mass.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asiëntia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Crinoid Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Erosure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

THE COMMONWEALTH OF MASSACHUSETTS

Winthrop
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME *Catherine Ann Farmer* Registered No. _____
Place of Death* *Metcalf Hospital* Date of Death *Dec 23* 1910
Residence *283 Main St Winthrop* Age _____ years _____ months *3* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED _____
MAIDEN NAME † _____
HUSBAND'S NAME † _____
BIRTHPLACE ‡ _____
NAME OF FATHER *James F Farmer*
BIRTHPLACE OF FATHER ‡ *Sherman Me.*
MAIDEN NAME OF MOTHER *Clara Finnegan*
BIRTHPLACE OF MOTHER ‡ *Staceyville Me.*
OCCUPATION _____
INFORMANT § *James F Farmer*
283 Main St Winthrop

PLACE OF BURIAL OR REMOVAL || *Holy Cross* DATE OF BURIAL *Dec 23* 1910
UNDER TAKER *John F C Maley* ADDRESS *79 Atlantic St*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Dec 20*¹ 1910 to *Dec 22*¹ 1910, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Premature*
break of vitality
(DURATION) *3* DAYS

Contributory: _____
(SIGNED) *B. Metcalf* (DURATION) _____ DAYS
*Dec 23*¹ 1910 (Address) *124 Main St* M.D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months *3* days

Where was disease contracted, if not at place of death? *Metcalf Hospital*

Filed _____ 19 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

Dec. 23, 1910

Medical Examiner's No. 2303

Permit No. 10330

RETURN OF A DEATH.

BOSTON, MASS.

1910 Dec 25

Name in full, Charles Blanchard Date of Death, Dec 25, 1910

Sex, Male Color, White Condition, (If married or divorced woman give maiden name, also name of husband.) (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 30 Years, Months, Days. Occupation, Seaman

Residence, E. Boston Ward

Place of Death, Boston Harbor * (State year, month and day.)

Place of Birth, Unknown Date of Birth, Unknown

Name and Birthplace of Father, Unknown

Maiden Name and Birthplace of Mother, 11 11

Place of Interment, Mt. Hope

Lewis Jones & Son. Undertaker.

Certificate of the Medical Examiner.

I hereby certify that Charles Blanchard, age 30, residence, East Boston, who died on the 25th day of December, 1910, came to his death from

Cause: Drowning

Manner: Accidental (Member crew Sch. Davis Palmer, wrecked in Broad Sound) George Burgess Magnall M.D., Medical Examiner for Suffolk County.

* Body recovered on Short Beach Weymouth, Dec 25, 1910. Recd Mar. 14. 1-1 REC.

Charles Blandhard
Mar 25, 1910

Charles Blandhard

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

PLACE OF DEATH

Winthrop

(No.)

41 Atlantic St.

St. ;

Ward)

[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

FULL NAME

Hugh W. Pearson

[If married or divorced woman or widow
give maiden name, also name of husband.]

RESIDENCE

43 Atlantic St. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS**MEDICAL CERTIFICATE OF DEATH**

3 SEX Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (Write the word)	16 DATE OF DEATH Dec 29, 1910 (Month) 24 (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)			17 I HEREBY CERTIFY that I attended deceased from August, 1910, to Dec 29 th 1910, that I last saw him alive on Dec 27 th , 1910, and that death occurred, on the date stated above, at 10 a.m. The CAUSE OF DEATH* was as follows: Bronchitis
7 AGE 72 yrs. mos. ds. or min. ?	If LESS than 1 day, hrs.		
8 OCCUPATION (a) Trade, profession, or particular kind of work. Mason (b) General nature of industry, business, or establishment in which employed (or employer).			
9 BIRTHPLACE (State or country) Ireland			(Duration) yrs. mos. ds.
10 NAME OF FATHER Bernard			Contributory (SECONDARY) Bronchitis 2 wks.
11 BIRTHPLACE OF FATHER (State or country) Ireland			(Duration) yrs. 6 mos.
12 MAIDEN NAME OF MOTHER Mary McAlister			(Signed) William F. Brown, M.D. Dec 30, 1910 (Address) 3 Pine St.
13 BIRTHPLACE OF MOTHER (State or country) Ireland			* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed

191

REGISTRAR

PLACE OF BURIAL OR REMOVAL

Mt. Calvary

DATE OF BURIAL

Dec 30, 1910

UNDERTAKER

ADDRESS

F. J. Cusby

STANDARD CERTIFICATE OF DEATH.

Dec. 29, 1910.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Turner* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Turner (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Typhoid* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 70 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.



The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop Beach No. 500 Shirley

St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Hellen Emily Harris

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

500 Shirley St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F.

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

10
(Month)

4
(Day)

1887
(Year)

8 AGE

59 yrs.

2 mos.

27 ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work....

(b) General nature of industry, business, or establishment in which employed (or employer)....

10 BIRTHPLACE

(State or country)

Newfoundland

11 NAME OF FATHER

As. Augustus Halsk

12 BIRTHPLACE OF FATHER

(State or country)

N. H.

13 MAIDEN NAME OF MOTHER

Simon

14 BIRTHPLACE OF MOTHER

(State or country)

Eng.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

16 Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Jan
(Month)

1
(Day)

1911
(Year)

I HEREBY CERTIFY that I attended deceased from

Jan. 2, 1910, to

Jan. 1, 1911,

that I last saw her alive on

Dec. 31, 1910,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic & Interstitial Nephritis

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

Cerebral Haemorrhage

(Duration) yrs. mos. ds.

(Signed)

Edward J. Grainger

M.D.

Jan 2, 1911. (Address) *307 W. 11th St.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Brockton, Mass.

DATE OF BURIAL

-3-, 1911

20 UNDERTAKER

H. C. Shaggs

ADDRESS

Winthrop

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Jan. 3, 1911

Statement of occupation. —

Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g.,

Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But

in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The

material worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealer,"

etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — (and mine)*, etc. Women at home, who are

engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as

Housewife, Housework, or At home, and children, not gainfully employed, as *At school or At home*. Care should be taken

to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc.

If the occupation has been changed or given up on account of the disease **CAUSING DEATH**, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no

occupation whatever, write *None*.

Statement of cause of death. —

Name, first, the disease **CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only

definite synonym is "Epidemic cerebro-spinal meningitis");

Diphtheria (avoid use of "Croup"); *Typhoid fever* (never re-

port "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-*

pneumonia ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., *Carcinoma, Sarcoma*, etc., of (name origin: "Cancer" is less

definite; avoid use of "Tumor" for malignant neoplasms);

Measles; *Whooping cough*; *Chronic valvular heart disease*;

Chronic interstitial nephritis, etc. The contributory (second-

ary or intercurrent) affection need not be stated unless im-

portant. Example: *Measles* (disease causing death), 20 ds.;

Broncho-pneumonia (secondary), 10 ds. Never report mere

symptoms or terminal conditions, such as "Asithenia," "An-

emia" (merely symptomatic), "Atrophy," "Collapse,"

"Coma," "Convulsions," "Debility" ("Congenital,"

"Senile," etc.), "Dropsy," "Exhaustion," "Heart failure,"

"Haemorrhage," "Inanition," "Marasmus," "Old age,"

"Shock," "Uræmia," "Weakness," etc. when a definite

disease can be ascertained as the cause. Always qualify all

diseases resulting from childbirth or miscarriage, as "Puer-

peral septicæmia," "Puerperal peritonitis," etc. State

cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following

conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Ex-posture*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

CITY OF
BOSTON.

RETURN OF A DEATH—1911.

53

FULL NAME Jane McCormick

Registered No.

Place of Death }
and Residence } BostonCity Hospt.Date of Death Jan. 3 1911. Age 64 years months days.

STATISTICAL DETAILS.

PHYSICIAN'S CERTIFICATE.

SEX F COLOR W SINGLE, MARRIED, WID., DIV. MMaiden Name CallahanHusband's Name Thomas J McCormickBirthplace BostonName of Father Michael J CallahanBirthplace of Father IrelandMaiden Name of Mother Jane ColeBirthplace of Mother IrelandOccupation Housewife

Informant

I HEREBY CERTIFY that I attended deceased during last illness,
from 1911, to 1911,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Strangulated umbilical hernia20 hrsContributory: } Shock - 12 hrs
(Duration)(Signed) J W Manary M.D.

1911

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial or removal Mt BenedictUsual Residence Winthrop (263 Bowdoin st)Undertaker W J CassidyFiled Jan. 6

1911

A true copy.
Attest:EWM Glenen

Registrar.

June 8, 1911

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Somerville, Mass.

(City or town.)

1 PLACE OF DEATH

Somerville

(No. 186 Highland Ave.,

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Philip Daley

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE Home for the Aged, 186 Highland Ave., Somerville, Mass.

Registered No. 25

PERSONAL AND STATISTICAL PARTICULARS

4 SEX male 5 COLOR OR RACE white 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widowed

8 DATE OF BIRTH 1840. (Month) (Day) (Year)

7 AGE 70 yrs. - mos. - ds. or min. ? If LESS than 1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work, None

(b) General nature of industry, business, or establishment in which employed (or employer),

10 BIRTHPLACE (State or country)

Ireland

11 NAME OF FATHER

Lawrence Daley

12 BIRTHPLACE OF FATHER (State or country)

Ireland

13 MAIDEN NAME OF MOTHER

Catherine Carroll

14 BIRTHPLACE OF MOTHER (State or country)

Ireland

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sr. Catherine

(Address) 186 Highland Ave., Somerville

Filed Jan. 11, 1911.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 9, 1911. (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from 1909, to Jan. 9, 1911, that I last saw him alive on Jan. 7, 1911, and that death occurred, on the date stated above, at 11 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Contributory (SECONDARY) Arterio-sclerosis

(Signed) Chas. E. Mongan, M.D.

Jan. 10, 1911. (Address) 24 Central St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence 36 Pearl Ave., Winthrop, Mass.

19 PLACE OF BURIAL OR REMOVAL

Holy Cross Cem., Malden, Mass.

DATE OF BURIAL

Jan. 12, 1911.

20 UNDERTAKER

T.J. Lane

ADDRESS

120 Havre St., E. Boston.

N.B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc.. When a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop Mass. (No. Park & Hillside Ave. St.; Ward)

2 FULL NAME

Emma L. McLaughlin

[If married or divorced woman or widow give maiden name, also name of husband.]

Emma L. Sum, Ezekiah McLaughlin

3 RESIDENCE

Park & Hillside Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

white

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

married

7 DATE OF BIRTH

Nov

30

1840

(Month)

(Day)

(Year)

8 AGE

70 yrs. 1 mos. 15 ds.

If LESS than 1 day, hrs. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE

(State or country)

Littleton N.H.

11 NAME OF FATHER

Sewall Sum.

12 BIRTHPLACE OF FATHER (State or country)

Dixfield, Me.

13 MAIDEN NAME OF MOTHER

Esther Austin.

14 BIRTHPLACE OF MOTHER (State or country)

Leanton, Me.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Ezekiah McLaughlin
Winthrop Mass

(Address)

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan

(Month)

14

(Day)

1911

(Year)

I HEREBY CERTIFY that I attended deceased from

Jan 1880 to Jan 13, 1911, that I last saw her alive on 13, 1911, and that death occurred, on the date stated above, at 7-5 P.M.

The CAUSE OF DEATH* was as follows:

Chorea of heart

Contributory (SECONDARY)

(Signed)

Dr. Miller

Jan 13, 1911

(Address) Cambridge

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

18 PLACE OF BURIAL OR REMOVAL

Dixfield, Me.

DATE OF BURIAL

Jan 13, 1911

19 UNDERTAKER

A. L. Eastman Co

ADDRESS

Boston, Me.

Boston

STANDARD CERTIFICATE OF DEATH.

20 14, 1911

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ectopic posture*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

3009
(City or town)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop or Boston, between Orient Heights and Ingersoll Stations, of B. R. B. & H. R. R. Ward)

2 FULL NAME

Edward B. Newton
[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

193 Pauline Street Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

16 DATE OF DEATH

Jan. 16, 1911
(Month) (Day) (Year)

6 DATE OF BIRTH

June 7, 1850
(Month) (Day) (Year)

7 AGE

60 yrs. 7 mos. 9 ds. or min. ?

If LESS than
1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Fish dealer.

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country) North Weymouth, Mass.

10 NAME OF FATHER

Amos S. Newton

11 BIRTHPLACE OF FATHER

(State or country) Braintree Mass

12 MAIDEN NAME OF MOTHER

Laburna Picknell

13 BIRTHPLACE OF MOTHER

(State or country) North Weymouth Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Newton
(Address) 193 Pauline St. Winthrop

15

Filed, 1911

REGISTRAR

I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural causes;
probably heart disease
(acute dilatation)

(Duration) yrs. mos. ds.

Contributor
(SECONDARY)

[Sudden death]

(Duration) yrs. mos. ds.

(Signed)

Serge Barger Magnolia

M.D.

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Woodlawn Cem.
Winthrop Mass.

DATE OF BURIAL

Jan. 20, 1911

20 UNDERTAKER

E. G. Brown, Son.

ADDRESS

Winthrop

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Broncho-pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Stitchle*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. 54 Centre

St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

82

yrs.

mos.

ds.

If LESS than 1 day,.....hrs.

or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

None

(b) General nature of industry, business, or establishment in which employed (or employer)

At Home

9 BIRTHPLACE (State or country)

Ireland

10 NAME OF FATHER

Dennis Healey

11 BIRTHPLACE OF FATHER (State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Mary Welch

13 BIRTHPLACE OF MOTHER (State or country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Catherine E. Wells
54 Centre St. Winthrop

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan. 17¹
(Month)

(Day)

1911
(Year)

17 I HEREBY CERTIFY that I attended deceased from Jan. 1st, 1911, to Jan. 17th, 1911, that I last saw him alive on Jan. 17th, 1911, and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

apoplexy

(Duration).....yrs.mos. 14 ds.

Contributory (SECONDARY)

(Duration).....yrs.mos. 1 ds.

(Signed)

Jan 18th, 1911 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.mos.ds. In the State.....yrs.mos.ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

New Calvary

Jan. 20, 1911

20 UNDERTAKER

ADDRESS

John F. W. Maly

79 Adams St. Winthrop

STANDARD CERTIFICATE OF DEATH.

Jan 17, 1911

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—(*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*typho-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never re-
port "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonitis, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Worcester
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Metcalf Hospital (No. *Worcester Mass* St. ;

Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Forest Prior Munday

3 RESIDENCE

150 Main St Worcester Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH

Jan 2, 1911 (Month) (Day) (Year)

7 AGE

16 yrs. *16* mos. *16* ds. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country) *Worcester Mass*

10 NAME OF FATHER

Forest Prior Munday

11 BIRTHPLACE OF FATHER (State or country)

Charlotten Mass

12 MAIDEN NAME OF MOTHER

Louise Maud Clark

13 BIRTHPLACE OF MOTHER (State or country)

Worcester Mass

PARENTS

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Forest Prior Munday
50 Main St

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan 18, 1911 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from *Jan 2*, 1911, to *Jan 18*, 1911, that I last saw him alive on *Jan 18*, 1911, and that death occurred, on the date stated above, at *7:30 am*.

The CAUSE OF DEATH* was as follows:

Premature
lack of vitality

(Duration) yrs. mos. *16* ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

B. J. Metcalf, M.D.
Jan 19, 1911 (Address) *Worcester Mass*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. *16* ds. In the State yrs. mos. ds. *16*

Where was disease contracted, If not at place of death?

Former or usual residence *50 Main St Worcester Mass*

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Worcester Mass *Jan 19*, 1911

20 UNDERTAKER

ADDRESS

60 St. Benjamin *Worcester*

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. —

Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement, it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The industrial worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Evening laborer*, *Laborer* — (*tool making*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. —

Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., (*Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated, unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc. When a definite disease can be ascertained as the cause, always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as (*Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wintthrop Mass (No. #26 Johnson Ave St.;

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband]

Francis Augustine Harris

3 RESIDENCE

26 Johnson Ave Wintthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED

(Write the word)

married

6 DATE OF BIRTH

March 5, 1845
(Month) (Day) (Year)

7 AGE

65 yrs. 10 mos. 13 ds. or min. ?

If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work..

Retired

(b) General nature of industry, business, or establishment in which employed (or employer).

Physician

9 BIRTHPLACE (State or country)

Ashland Mass.

10 NAME OF FATHER

Jonas C. Harris

11 BIRTHPLACE OF FATHER (State or country)

Ashland Mass.

12 MAIDEN NAME OF MOTHER

Mariah Ingall

13 BIRTHPLACE OF MOTHER (State or country)

Renge N.H.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Allen E. Harris wife
(Address) 26 Johnson Ave Wintthrop

15 Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan. 18, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Dec. 20th, 1910, to Jan. 18th, 1911,

that I last saw him alive on Jan. 17th, 1911,

and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

Indefinite (Duration) yrs. mos. ds.

Contributory General Paralysis

Indefinite (Duration) yrs. mos. ds.

(Signed) M.D.

Jan. 30, 1911 (Address) Wintthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Int. Burial Cemetery Cambridge Mass

DATE OF BURIAL

Jan 20th 1911

20 UNDERTAKER

C. R. Bennett

ADDRESS

Wintthrop

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Fruit mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former weaver, 6 yrs.*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., (*carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL, septicaemia," "PUERPERAL, peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH—1911.

CITY OF
BOSTON.

FULL NAME Ruby A Foster Registered No. 857

Place of Death } Boston N.E. Deaconess Hospt.
and Residence }

Date of Death Jan. 26 1911, Age 44 years 5 months 23 days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

F W M

Maiden Name HinckleyHusband's Name William P FosterBirthplace Blue Hill, Me.Name of Father Thomas HinckleyBirthplace of Father Blue Hill, Me.Maiden Name of Mother Anna -----Birthplace of Mother EnglandOccupation Housewife

Informant

Place of Burial or removal Mass. CrematoryUndertaker J S Waterman & Sons

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1911, to 1911, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary } Gen. septicaemia (streptococcus
(Duration) } & blood invasion) 7 dys

Contributory : } Laparotomy (Jan. 9, 1911)
(Duration) }

(Signed) H M Jernegan M.D.

1911

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence Winthrop

Filed Jan. 31 1911

A true copy.
Attest:

EWM Glenen

Registrar.

Jan. 26, 1911

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

CHELSEA.

(City or town.)

1 PLACE OF DEATH

Intercalf Hospt. (No.)

St. Ward) *Winthrop Mass.*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Frank C. Dean

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

788 Broadway Chelsea

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

34

yrs.

mos.

ds.

If LESS than 1 day, hrs.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

Bartender

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country)

Charlestown Mass.

10 NAME OF FATHER

Richard Dean

11 BIRTHPLACE OF FATHER (State or country)

Charlottesville P. E. I.

12 MAIDEN NAME OF MOTHER

Maria M. Innis

13 BIRTHPLACE OF MOTHER (State or country)

Charlottesville P. E. I.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Sister*

(Address) *788 Broadway Chelsea*

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan

27

1911

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY that I attended deceased from

Jan 22nd, 1911, to Jan 27, 1911,

that I last saw him alive on *Jan 27*, 1911,

and that death occurred, on the date stated above, at *788 Broadway*

The CAUSE OF DEATH* was as follows:

Apoplexy.

(Duration)

yrs.

mos.

7 ds.

Contributory (SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

W. H. M. C.

M.D.

Jan 27, 1911 (Address) *Winthrop Mass.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death

yrs.

mos.

ds.

In the State

yrs.

mos.

ds.

Where was disease contracted, *St. Paul Winthrop Mass*

If not at place of death? *St. Paul Winthrop Mass*

Former or usual residence

16 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross, Malden Jan. 30 1911

17 UNDERTAKER

ADDRESS

C. C. A'Hearn 58 Broadway Chelsea

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Form. 27, 1911

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop Mass (No. 1 Atlantic St

St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Frances Bryant

1 Atlantic St Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

Jan

(Month)

26

(Day)

1911

(Year)

7 AGE

X

yrs.

X

mos.

4

ds.

If LESS than 1 day, X hrs.

or X min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work....

(b) General nature of industry, business, or establishment in which employed (or employer)....

9 BIRTHPLACE

(State or country)

Winthrop Mass

10 NAME OF FATHER

Herbert A. Bryant

11 BIRTHPLACE OF FATHER

(State or country)

Northampton Mass

12 MAIDEN NAME OF MOTHER

Matilda Riel

13 BIRTHPLACE OF MOTHER

(State or country)

Rouses Point N. Y.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Herbert A. Bryant
1 Atlantic St Winthrop

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan 30

(Month)

(Day)

1911

(Year)

17 I HEREBY CERTIFY that I attended deceased from

Jan 26, 1911, to Jan 30, 1911,

that I last saw her alive on Jan 29, 1911,

and that death occurred, on the date stated above, at 12:30 am

The CAUSE OF DEATH* was as follows:

Premature birth 7 mos.
weakly vitality

(Duration)

yrs.

mos.

4 ds.

Contributory (SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

Jan 30, 1911 (Address) Winthrop Mass

M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

of death

yrs.

mos.

ds.

In the

State

yrs.

mos.

ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Arlington Cemetery
Arlington Mass

DATE OF BURIAL

Jan 31, 1911

20 UNDERTAKER

C. R. Brown

ADDRESS

Winthrop Mass

STANDARD CERTIFICATE OF DEATH.

Jan. 30, 1911

Statement of occupation.—

Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—fuel mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tubercu-*

culosis of lungs, *meninges*, *peritonaeum*, etc., "*neoplasm*, *Sarcoma*, etc., of (name origin: "Cancer" is less

definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Triemina," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Monotride*, etc.
2. Deaths supposedly caused by violence, as (*criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecstasy*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

1 PLACE OF DEATH

Winthrop Mass (No. 18 Sea Four Ave St.:

Ward)

[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

2 FULL NAME

[If married or divorced woman or widow
give maiden name, also name of husband.]

3 RESIDENCE

Sarah Maria McLean

Sara Maria

Born widow of Robert M. McLean

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

female

5 COLOR OR RACE

White

6 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

widow

7 DATE OF BIRTH

Feb-1844- (Month) (Day) (Year)

8 AGE

20 yrs. X mos. X ds. or min.?

If LESS than
1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or
particular kind of work

at home

(b) General nature of industry,
business, or establishment in
which employed (or employer)10 BIRTHPLACE
(State or country)

Sackville N.B.

11 NAME OF
FATHER

John S. Bowser

12 BIRTHPLACE
OF FATHER
(State or country)

unknown

13 MAIDEN NAME
OF MOTHER

unknown

14 BIRTHPLACE
OF MOTHER
(State or country)

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mr B. M. Eldridge

(Address)

18 Sea Four Ave

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

2 2 1911
(Month) (Day) (Year)17 I HEREBY CERTIFY that I attended deceased from
June 1, 1911, to Feb 2, 1911,
that I last saw her alive on Feb 2, 1911,
and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Redden of lungs

(Duration) yrs. 2 mos. 2 ds.

Contributory...
(SECONDARY)Antie Begue
(Duration) 3 yrs. 3 mos. 3 ds.

(Signed)

H. M. Kelly M.D.
Feb 3, 1911 (Address) 163 Winthrop* If death followed injury or violence the certificate of death must be made
out by the Medical Examiner.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
If not at place of death?Former or
usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cambridge, Amherst, Cambridge Mass Feb 5, 1911

20 UNDERTAKER

ADDRESS

C. R. Pearson

Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus, *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Esposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

1870

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. *218* *Lincoln*)

St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Horace H. Mearns

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

11 (Month) *6* (Day) *1855* (Year)

7 AGE

55 yrs. *2* mos. *26* ds. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

Shipper

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Chelsea Mass.

10 NAME OF FATHER

Freeman H. Mearns

11 BIRTHPLACE OF FATHER (State or country)

Chelsea Mass.

12 MAIDEN NAME OF MOTHER

Leah Mearns

13 BIRTHPLACE OF MOTHER (State or country)

Worcester

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

2 (Month) *2* (Day) *1911* (Year)

I HEREBY CERTIFY that I attended deceased from *Sep 20*, 1910, to *Feb 20*, 1911, that I last saw him alive on *Feb 20*, 1911, and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Primary cause was Duodenal ulcer followed by peritonitis with perforation

(Duration) yrs. *5* mos. ds.

Contributory *Peritonitis* (SECONDARY)

(Duration) yrs. *5* mos. ds.

(Signed) *Horace J. South*, M.D. (Address) *Winthrop*, 191

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop Cem

DATE OF BURIAL

2-20, 1911

20 UNDERTAKER

H. C. South

ADDRESS

Winthrop

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.
N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *House-keepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, n yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tubercu-*

culosis of lungs, meningitis, peritonitis, etc., *Tubercular Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asciemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Ivanion," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Asphyxia*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH

FULL NAME Alexander Lewis Stubbs Registered No.
 Place of Death * #34 Willow Ave. Wanthrop Mass
 Date of Death Feb 4 1901 Age 76 years 5 months 9 days

STATISTICAL DETAILS

SEX <u>Male</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widower</u>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <u>Bucksport Me.</u>		
NAME OF FATHER <u>Reuben</u>		
BIRTHPLACE OF FATHER ‡ <u>Bucksport Me.</u>		
MAIDEN NAME OF MOTHER <u>Melinda Lewis</u>		
BIRTHPLACE OF MOTHER ‡ <u>Bucksport Me.</u>		
OCCUPATION <u>Retired</u>		
INFORMANT § <u>Mrs. Chapman</u>		

PLACE OF BURIAL OR REMOVAL <u>Wanthrop Cemetery</u>	DATE OF BURIAL <u>Feb 7 1901</u>
UNDERTAKER <u>E. G. Brown & Son</u>	ADDRESS <u>Wanthrop</u>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan. 15 1901 to Feb 4 1901, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Arteriosclerosis with degeneration of the heart.

(DURATION) 1 unknown DAYS

Contributory: Edema of the lungs

(DURATION) 15 DAYS

(Signed) Dr. F. Campbell M.D.

Feb 5 1901 (Address) 24 White St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

..... 190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Feb. 4, 1911

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wendust

(City or town.)

1 PLACE OF DEATH

Wendust Mass. (No. 15 Egleston Park

St.:

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Henry. Ormand. Hight

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

15 Egleston Park Wendust Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

Nov 20 1880
(Month) (Day) (Year)

8 AGE

70 yrs. *2* mos. *15* ds. or min. ?

If LESS than 1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Retiree

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE

(State or country)

Saco Me

11 NAME OF FATHER

Elisha. Hight

12 BIRTHPLACE OF FATHER (State or country)

Hallie Me

13 MAIDEN NAME OF MOTHER

Elizabeth Hamford

14 BIRTHPLACE OF MOTHER (State or country)

Portland Me

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *E. R. Burman*

(Address) *159 Wendust St*

16

Filed. 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

February 5¹ 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Feb 4¹ 1911 to Feb 5¹ 1911

that I last saw him alive on *Feb 5¹ 1911*

and that death occurred, on the date stated above, at *1 p* m.

The CAUSE OF DEATH* was as follows:

Sclerosis of Coronary arteries

(Duration) yrs. mos. *1* ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Feb 6¹ 1911 (Address) *Wendust Me*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Saco Me

DATE OF BURIAL

2/8 1911

20 UNDERTAKER

E. R. Burman

ADDRESS

Wendust

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Uræmia*, *Serena*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

1 PLACE OF DEATH

Winthrop (No. 30 Bellevue Ave. St;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

John J. Callahan

3 RESIDENCE

30 Bellevue Ave Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

If LESS than 1 day, hrs.

66 yrs. mos. ds. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.....

Engineer

(b) General nature of industry, business, or establishment in which employed (or employer).....

Stationary

9 BIRTHPLACE (State or country)

Schenectady N.Y.

10 NAME OF FATHER

John

11 BIRTHPLACE OF FATHER (State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Murphy

13 BIRTHPLACE OF MOTHER (State or country)

Windsor

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

George Parsons
30 Bellevue Ave

15

Filed.

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb. (Month)

7 (Day)

1911 (Year)

17 I HEREBY CERTIFY that I attended deceased from January 15, 1911, to Feb. 7, 1911, that I last saw him alive on Feb. 7, 1911, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) yrs. 4 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Edward J. Grainger

M.D.

Feb. 9, 1911 (Address) 304 Winthrop St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross Malden

Feb. 10, 1911

20 UNDERTAKER

ADDRESS

Thos. J. Kane

120 Haver St. E.

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

+26. 7, 1911

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Dysentery* (avoid use of "Cramp"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH—1911.

CITY OF
BOSTON.FULL NAME Esther Ricker Registered No. 1357Place of Death } Boston Infants Hospt.
and Residence }Date of Death Feb.10 1911. Age years months days. 17

STATISTICAL DETAILS.

SEX F COLOR W SINGLE, MARRIED, WID., DIV. S

Maiden Name

Husband's Name

Birthplace WinthropName of Father William E. RickerBirthplace of Father CambridgeMaiden Name of Mother Ethel PinkhamBirthplace of Mother DorchesterOccupation None

Informant

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1911, to 1911,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Meningitis fol. Opr. forPrimary
(Duration)Contributory: } Spina Bifida
(Duration)(Signed) J R Torbert M.D.

1911

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial
or removalWinthrop "Winthrop Cem"Usual Residence Winthrop (24 Atlantic st)

Undertaker

W C Skaggs

Filed

Feb.15

1911

A true copy.
Attest:WinthropE W M Glenen

Registrar.

Feb. 10, 1911

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

3060

Wilmington
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Wilmington

(No Shiley St., near Yacht Club Ward)

2 FULL NAME

Lemuel J. Owen

[If married or divorced woman or widow give maiden name, also name of husband.]

4 RESIDENCE

32 Staniford St., Boston

W.D. 8

Registered No.

22192

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)
Single

6 DATE OF BIRTH

Unknown

(Month)

(Day)

(Year)

7 AGE

25

yrs.

X

mos.

X

ds.

If LESS than

1 day, hrs.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

Line man N.E.T. & T. Co.

(b) General nature of industry, business, or establishment in which employed (or employer).

Telephone Wires

9 BIRTHPLACE

(State or country)

Kings County
Prince Edwards Island

10 NAME OF FATHER

John Owen

11 BIRTHPLACE OF FATHER

(State or country)

Kings County
Prince Edwards Island

12 MAIDEN NAME OF MOTHER

Annie Walker

13 BIRTHPLACE OF MOTHER

(State or country)

Kings County
Prince Edwards Island

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Angus J. Owen

(Address)

8 Albion St. Salem Mass

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb.

(Month)

10

(Day)

1911

(Year)

17

I HEREBY CERTIFY that I have investigated the

death of the deceased.

The CAUSE OF DEATH* was as follows:

Electric Shock, accidental.

181

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

George Benjamin Magrath

M.D.

Feb. 11

1911

(Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death, yrs. mos. ds. In the State, yrs. mos. ds.

Where was disease contracted,

If not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Salem Mass.

Feb. 13

1911

20 UNDERTAKER

ADDRESS

L. Blake

152 Portland St. Boston

15

Filed

1911

REGISTRAR

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Feb. 10, 1911

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PYOPERÆAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Worcester
(City or town.)

1 PLACE OF DEATH

Metropolitan Hospital (No. *Worcester St*)

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Thomas Hedges Floyd
Singer
Rescue St Worcester

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Singer

6 DATE OF BIRTH

Dec 20, 1867
(Month) (Day) (Year)

7 AGE

43 yrs. *2* mos. *22* ds. or min.?

If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work...

Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)...

9 BIRTHPLACE

(State or country)

Worcester, Mass

10 NAME OF FATHER

Thomas H. Floyd

11 BIRTHPLACE OF FATHER

(State or country)

Worcester, Mass

12 MAIDEN NAME OF MOTHER

Mary H. Pease

13 BIRTHPLACE OF MOTHER

(State or country)

no Chelsea Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Thos. Floyd
(Address) *Rescue St 171 Worcester, Mass*

15

Filed. 1911

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb 11, 1911
(Month) (Day) (Year)

17

I HEREBY CERTIFY that I attended deceased from *Feb 6*, 1911, to *Feb 11*, 1911, that I last saw him alive on *Feb 11*, 1911, and that death occurred, on the date stated above, at *6, 30 am*

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. ds.

Contributory... (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

B. D. Pease, M.D.
Feb 13, 1911 (Address) *Worcester, Mass*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted? *Worcester St*
If not at place of death?

Former or usual residence *Worcester*

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Worcester Cemetery *Feb 14, 1911*

20 UNDERTAKER

ADDRESS

C. A. Burrows *Worcester*

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.
N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Rail engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Idolizer*—*Cold mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Broncho-pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Stichæde*, *Monieche*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wenithroft Mass. (No. 70 Pleasant

St.;

Ward)

Wenithroft
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Lucinda Ann Atwood
Widow of Allen Atwood - Rich
70 Pleasant St Wenithroft

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

7 DATE OF BIRTH

May 1829
(Month) (Day) (Year)

8 AGE

71 yrs. 3 mos. 1 ds. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

at home

10 BIRTHPLACE (State or country)

Puro Mass

11 NAME OF FATHER

Allen Rich

12 BIRTHPLACE OF FATHER (State or country)

Puro Mass

13 MAIDEN NAME OF MOTHER

Rachel Lombard

14 BIRTHPLACE OF MOTHER (State or country)

Puro Mass

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Arthur H. Atwood

(Address)

70 Pleasant St

16 Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

February 11, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

Jan 1910, to Feb 11, 1911,

that I last saw him alive on Feb 10, 1910,

and that death occurred, on the date stated above, at 12:45 a.m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

Severe

Contributory (SECONDARY)

(Signed)

Feb 13, 1911

(Duration) yrs. mos. ds.
O. J. Johnson, M.D.
(Address) Wenithroft

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Wenithroft Cem

DATE OF BURIAL

2/14, 1911

20 UNDERTAKER

B R Berman

ADDRESS

Wenithroft

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Korean*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Broncho-pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop, Mass. (No. *49* *Cottage Ave.* St.;

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Lawman H. Russell

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

49 Cottage Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

M

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widowed

7 DATE OF BIRTH

11 (Month) *19* (Day) *1880* (Year)

8 AGE

90 yrs. *2* mos. *26* ds. If LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Builder

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Marlboro, Mass.

11 NAME OF FATHER

Atis Russell

12 BIRTHPLACE OF FATHER (State or country)

Marlboro

13 MAIDEN NAME OF MOTHER

Lorana Rice

14 BIRTHPLACE OF MOTHER (State or country)

Marlboro

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb. 14 (Month) *1911* (Year)

17 I HEREBY CERTIFY that I attended deceased from

....., 191....., to....., 191.....,

that I last saw h..... alive on....., 191.....,

and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. *7* ds.

Contributory *La Grippe*

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) *Albert B. Dorman* M.D.

Feb. 16, 1911 (Address) *Winthrop, Mass.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Marlboro

2-17- 1911

20 UNDERTAKER

ADDRESS

J. C. O'Leary

Winthrop

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

1911, 14, 1911

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonitis, etc., (*tracheitic, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchio-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asplenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc. When a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as (*criminal Abortion*, *Poisoning*, *Starvation*, *Strangulation*, *Impotence*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

Winthrop
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME *Harriet Wilson Abbott* Registered No. _____

Place of Death* *203 Shirley St Winthrop Mass* Date of Death *2/14* 19*11*

Residence *Widow of Owen J. Abbott* Age *59* years *9* months *4* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*

MAIDEN NAME *H. W. Riley*

HUSBAND'S NAME† *Harriet W. Riley*
Owen J. Abbott

BIRTHPLACE‡ *Baldwin Me*

NAME OF FATHER *Stitman Riley*

BIRTHPLACE OF FATHER‡ *Baldwin Me*

MAIDEN NAME OF MOTHER *Eliza Ann. Storer*

BIRTHPLACE OF MOTHER‡ *Conway N. H.*

OCCUPATION *Dressmaker*

INFORMANT§ *Miss Agnes. Abbott.*

PLACE OF BURIAL OR REMOVAL|| *West Conway N. H.*

DATE OF BURIAL *2/17* 19*11*

UNDERTAKER *C. R. Bennett*

ADDRESS *Winthrop Mass*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb 11* 19*11* to *Feb 14* 19*11*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *General arteriosclerosis*

Contributory: *Sanguine both legs.* (DURATION) *years* DAYS

(Signed) *B. J. Putney* M.D. (DURATION) *3* DAYS

Feb 15 19*11* (Address) *Winthrop Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed

19

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

South Boston

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

Feb. 14, 1911

RETURN OF A DEATH

Wentworth
(CITY OR TOWN.)

FULL NAME *Gregory Stone* Registered No. _____
 Place of Death* } *34 Hawthorne Ave* Date of Death } *2/17* 19 *11*
 Residence Age *> 3* years *11* months *4* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

NAME OF FATHER

Daniel Stone

BIRTHPLACE OF FATHER ‡ _____

Lincoln Mass

MAIDEN NAME OF MOTHER

Rebecca Hopkins

BIRTHPLACE OF MOTHER ‡ _____

Unity Mass

OCCUPATION

Stationary Engineer

INFORMANT §

Supri Stone Son of deceased
Wentworth Stone

PLACE OF BURIAL OR REMOVAL ||

Wentworth Cemetery

DATE OF BURIAL

2/19 19 *11*

UNDERTAKER

G R Bennett

ADDRESS

Wentworth

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *July* 19 *11* to *Feb 17* 19 *11*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Sclerosis Coronary arteries*

(DURATION) *1* DAYS
 Contributory: *General arterio-sclerosis in aorta*

(SIGNED) *B. M. M. M.* M.D.
Feb 19 19 *11* (Address) *Wentworth*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

19

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

South Boston

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

Feb. 17, 1911

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

2 months of Mass (No. 30 Temple Ave

St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Ellen A. (Richardson

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE 30 Temple Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

married

6 DATE OF BIRTH

Aug 24 1845

(Month)

(Day)

(Year)

7 AGE

65 yrs. 5 mos. 20 ds.

If LESS than 1 day, hrs.

or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

at home

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE

(State or country)

Portsmouth N. H.

10 NAME OF FATHER

Arden Bragdon

11 BIRTHPLACE OF FATHER (State or country)

Leamington New

12 MAIDEN NAME OF MOTHER

Ann H. Malchroon

13 BIRTHPLACE OF MOTHER (State or country)

Portsmouth N. H.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Arthur Neilson

(Address)

30 Temple Ave

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb 17 1911

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY that I attended deceased from

Feb 9 1911

to Feb 17 1911

that I last saw her alive on Feb 15 1911

and that death occurred, on the date stated above, at 3 30 am

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 9 ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

B. M. Metcalfe

M.D.

Feb 11 1911 (Address) Wrentham Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

18 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Mass. Crematory

Feb 19 1911

19 UNDERTAKER

ADDRESS

Lynd P. Brown 124 Dorchester St South Boston

STANDARD CERTIFICATE OF DEATH.

T 26 . 17, 1911

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *House-keepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

CITY OF
BOSTON.

RETURN OF A DEATH—1911.

FULL NAME Charles Blumberg Registered No. 1639

Place of Death } Boston Hotel Essex
and Residence }

Date of Death Feb. 17 1911. Age 31 years 6 months 6 days.

STATISTICAL DETAILS.

SEX M COLOR W SINGLE, MARRIED, WID., DIV. M

Maiden Name

Husband's Name

Birthplace

New York, N.Y.Name of
FatherHerman BlumbergBirthplace
of FatherRussiaMaiden Name
of MotherHannah RatkowskyBirthplace
of MotherRussia

Occupation

Travelling salesman

Informant

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1911, to 1911,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:

Primary } Carbolic acid poisoning -
(Duration) } suicidal - during temporary
insanity

Contributory : }
(Duration) }

(Signed) T. Leary, Med. Ex. M.D.

Feb. 17 1911

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial
or removal

Brooklyn, N.Y. (Union
Field Cem)

Usual Residence Winthrop (Killers Hotel)

Undertaker

L. Jones & Son

Filed

Feb. 21

1911

A true copy.
Attest:

E. W. M. Glenen

Registrar.

MARGIN RESERVED FOR BINDING.

1880. 17, 18, 19, 20, 21

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop Mass

BOSTON

(City or town.)

1 PLACE OF DEATH

Winthrop Mass (No. 4 Pleasant -

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

5 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

6 RESIDENCE

Margaret Gardner
72 Bond Ave B
4 Pleasant St. Winthrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Unmarried

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

67

yrs.

mos.

ds.

If LESS than
1 day, hrs.
or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

W. Horner

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE
(State or country)

Sidney Cape Breton

10 NAME OF FATHER

John

11 BIRTHPLACE OF FATHER
(State or country)

Sidney Cape Breton

12 MAIDEN NAME OF MOTHER

Mary M. Dougal

13 BIRTHPLACE OF MOTHER
(State or country)

Sidney Cape Breton

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

John Gardner
4 Pleasant St.

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

February

19

1911

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I attended deceased from

November, 1910, to February 17, 1911,

that I last saw her alive on February 17, 1911,

and that death occurred, on the date stated above, at noon.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation and passive congestion of kidneys.

Or (Duration)

yrs. mos. ds.

Contributory
(SECONDARY)

Arterio-sclerosis

Several (Duration)

yrs. mos. ds.

(Signed)

O. Johnson

M.D.

February 18, 1911

(Address) 27 Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death

yrs. mos. ds.

In the State

yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Woodlawn

DATE OF BURIAL

Feb. 19, 1911

20 UNDERTAKER

Joseph E. Burke

ADDRESS

75 Chambers St
Boston Mass

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritonaeum, etc., (*Carcinoma, Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Broncho-pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Syphilis*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. *44* *Buchanan* St.;

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Susann Baker Collins
Susan B. Gross; John Collins
44 Buchanan St Winthrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH

7 AGE

If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).....

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....

(Address).....

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb 17
(Month)

(Day)

1911
(Year)

17 I HEREBY CERTIFY that I attended deceased from

Feb 8, 1911, to *Feb 17*, 1911,

that I last saw him alive on *Feb 17*, 1911,

and that death occurred, on the date stated above, at *1* pm.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. *9* ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Feb 19, 1911 (Address) *Winthrop Mass*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Cem - 2-19-1911

20 UNDERTAKER

ADDRESS

H. C. Skaggs *Winthrop Mass*

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, (*Composer*), *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—(*Coal mine*), etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningis, peritonaeum, etc., (*varicoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic retracted heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death)*, 29 ds.; *Broncho-pneumonia (secondary)*, 10 ds. Never report mere symptoms or terminal conditions, such as "As nemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc. When a definite disease can be ascertained as the cause, always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as (*Trinatal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one *supposedly due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH

Wendell
(CITY OR TOWN.)

FULL NAME *Lois Knowles Blake Hathaway* Registered No. _____
 Place of Death* } *55 Tremont St* Date of Death } *Mar 3* 19*11*
 Residence *" " "* Age *94* years *11* months *26* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*
 MAIDEN NAME† *Lois Knowles Blake*
 HUSBAND'S NAME† *Filmer Hathaway*
 BIRTHPLACE‡ *Compton N. H.*
 NAME OF FATHER *Emory Jackson Blake*
 BIRTHPLACE OF FATHER‡ *Unknown*
 MAIDEN NAME OF MOTHER *Marion Emery*
 BIRTHPLACE OF MOTHER‡ *Unknown*
 OCCUPATION *at home*
 INFORMANT§ *Carl V. Hathaway*

I HEREBY CERTIFY that I attended deceased during last illness, from *July 27* 19*11* to *Mar 3* 19*11*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Double Pneumonia*
 (DURATION) *4* DAYS

Contributory: *Senility*
 (DURATION) _____ DAYS

(Signed) *W. J. Bolman* M.D.
Mar 4 19*11* (Address) *Winthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____ 19 _____ Clerk

PLACE OF BURIAL OR REMOVAL|| *St. Michael's Church* DATE OF BURIAL *3/5* 19*11*
 UNDERTAKER *C. R. Bennett* ADDRESS *Wendell*

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

March 3, 1911

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. *20 Terrace*)

St. ;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Ephraim Smith.

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

70 yrs.

2 mos.

4 ds.

If LESS than 1 day, hrs.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work,....

Machinist.

(b) General nature of industry, business, or establishment in which employed (or employer)....

9 BIRTHPLACE (State or country)

Pennsylvania

10 NAME OF FATHER

Abia B. Smith

11 BIRTHPLACE OF FATHER (State or country)

Penn.

12 MAIDEN NAME OF MOTHER

McLaughlin

13 BIRTHPLACE OF MOTHER (State or country)

Penn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....

(Address).....

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March
(Month)

14
(Day)

1911
(Year)

17 I HEREBY CERTIFY that I attended deceased from

March 9, 1911, to *March 14*, 1911,

that I last saw him alive on *March 14*, 1911,

and that death occurred, on the date stated above, at *2:05* p.m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

(Duration) yrs. mos. ds. *6*

Contributory (SECONDARY)

Myocarditis - Senility

(Duration) yrs. mos. ds. *years*

(Signed)

D. L. Jackson

M.D.

March 14, 1911 (Address) *562 Shirley St.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner. *Winthrop*

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

Woodlawn

DATE OF BURIAL

3-17, 1911

20 UNDERTAKER

H. C. Skaggs

ADDRESS

Winthrop Mass.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *diphtheria* (avoid use of "Croup"); *typhoid fever* (never report "Typhoid pneumonia"); *lobar pneumonia*; *bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*uræmia*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asiënia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as (*criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

CITY OF
BOSTON.

RETURN OF A DEATH—1911.

2678

FULL NAME Anna M Walsh Registered No.Place of Death } Boston
and Residence } 2 Mt.Vernon stDate of Death Mar.17 1911. Age 56 years months 14 days.

STATISTICAL DETAILS.

SEX F COLOR W SINGLE, MARRIED, WID., DIV. WMaiden Name DohertyHusband's Name Michael WalshBirthplace ArlingtonName of Father Mathew DohertyBirthplace of Father IrelandMaiden Name of Mother Ann ColemanBirthplace of Mother IrelandOccupation Housekeeper

Informant

Place of Burial or removal Calvary (New)Undertaker C V Russell

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1911, to 1911,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Heart dis. - 3 yrsPrimary
(Duration)Contributory } Ac.Indigestion -2 hrs
(Duration)(Signed) D.McIntyre M.D.Mar.17 1911

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence Winthrop Hds(79 Cliff ave)Filed Mar.23 1911A true copy.
Attest:EWM Glenew

Registrar.

June 14, 1891

June 17, 1891.

RETURN OF A DEATH

Wm. H. Croft
(CITY OR TOWN.)

FULL NAME *Florence Lillian Retoria Black* Registered No. _____
Place of Death* } *93 Cornhill Road* Date of Death } *Mar 28* 19*11*
Residence *Wm. H. Croft Mass* Age *10* years *11* months *13* days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i>
MAIDEN NAME†		
HUSBAND'S NAME†		
BIRTHPLACE‡ <i>Sussex England</i>		
NAME OF FATHER <i>Geo. A. Black</i>		
BIRTHPLACE OF FATHER‡ <i>Staplehurst U.B.</i>		
MAIDEN NAME OF MOTHER <i>Mary Elizabeth Saunders</i>		
BIRTHPLACE OF MOTHER‡ <i>Devonshire Eng</i>		
OCCUPATION <i>2</i>		
INFORMANT§ <i>Hatch Geo. A. Black.</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb 19* 19*11* to *Mar 23* 19*11*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Malignant Lymphoma*

(DURATION) *7* DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *B. H. Metcalf* M.D.

Mar 25 19*11* (Address) *Wm. H. Croft*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____

_____ 19 _____ Clerk

PLACE OF BURIAL OR REMOVAL <i>Wm. H. Croft Cem.</i>	DATE OF BURIAL <i>3/25</i> 19 <i>11</i>
UNDERTAKER <i>C. R. Bennett</i>	ADDRESS <i>Wm. H. Croft</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
|| Name of cemetery.

Ch. Lawrence d. (1). Black

Mar. 23, 1911.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON

(City or town.)

1 PLACE OF DEATH

Winthrop

(No. 158 Circuit Road St.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Mark Alfred Whitehead

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

158 Circuit Road Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

m

4 COLOR OR RACE

w

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

3 yrs. 6 mos. 25 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Winthrop Mass.

10 NAME OF FATHER

Mark Whitehead

11 BIRTHPLACE OF FATHER (State or country)

Boston

12 MAIDEN NAME OF MOTHER

Annie Sullivan

13 BIRTHPLACE OF MOTHER (State or country)

East Boston

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mark Whitehead

(Address) 158 Circuit Rd. Win.

15 Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar. 25, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

1911, to Mar. 25, 1911.

that I last saw him alive on Mar. 25, 1911, and that death occurred, on the date stated above, at 8:30 p.m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

General infection.

(Duration) yrs. mos. ds.

(Signed) Albert B. Brown, M.D.

3/26-1911 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross

March 27, 1911

20 UNDERTAKER

ADDRESS

J. J. Land & W. H. Land 120 Haver St. W.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Erection*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Waltham

(No. *metesels*)

Knights Hospital

St. *...*

Ward *...*

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Edward Ferdinand Young

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Central Ave Everett Mass

Registered No. *...*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Single

6 DATE OF BIRTH

December 29, 1889
(Month) (Day) (Year)

7 AGE

21 yrs. *3* mos. *29* ds.

If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

Provision Dealer

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE

(State or country)

Everett Mass

10 NAME OF FATHER

Ferdinand Fredrick Young

11 BIRTHPLACE OF FATHER
(State or country)

Germany

12 MAIDEN NAME OF MOTHER

Emma Blau

13 BIRTHPLACE OF MOTHER

(State or country)

Lawrence Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Ferdinand F. Young

(Address)

Central Ave Everett

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March 27, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from *March 26*, 1911, to *March 27*, 1911, that I last saw him alive on *March 27*, 1911, and that death occurred, on the date stated above, at *3 A. m.*

The CAUSE OF DEATH* was as follows:

appendicitis

(Duration) yrs. mos. *2* ds.

Contributory (SECONDARY)

General Peritonitis

(Duration) yrs. mos. *30* hours

Signed

D. F. Jackson

M.D.

March 27, 1911 (Address) *562 Shirley St.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Everett Mass

DATE OF BURIAL

March 27, 1911

20 UNDERTAKER

J. E. Henderson

ADDRESS

Everett Mass

Filed

191

REGISTRAR

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Woman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Strangulation*, *Suffocation*, *Kaposture*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

THE COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Wentworth
(CITY OR TOWN.)

FULL NAME *Eunice Catharine Ramsey* Registered No. _____
Place of Death* } *6 Central St* Date of Death } *April 1* 19*11*
Residence *" " " Wentworth* Age *16* years *3* months *22* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

I HEREBY CERTIFY that I attended deceased during last illness, from *March 15* 19*11* to *April 1* 19*11*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

MAIDEN NAME † _____

Primary: *Tuberculosis of lungs*

HUSBAND'S NAME † _____

BIRTHPLACE ‡ *Morton N.B.*

(DURATION) *6 mos* DAYS

NAME OF FATHER *John P. Ramsey*

Contributory: _____

BIRTHPLACE OF FATHER ‡ *Tyne Valley P.E.I.*

(DURATION) _____ DAYS

MAIDEN NAME OF MOTHER *Eva. Baghole*

(Signed) *B. H. M. M. M.* M.D.

BIRTHPLACE OF MOTHER ‡ *Tyne Valley P.E.I.*

Apr 2 19*11* (Address) *Wentworth*

OCCUPATION *at home*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

INFORMANT § *Parents*

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL ‖ *Wentworth Cemetery* DATE OF BURIAL *4/3* 19*11*

Filed _____

_____ 19 _____ Clerk

UNDERTAKER *C. R. Bennett* ADDRESS *Wentworth*

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

April 1, 1911

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wintthrop

(No. 288, Court Road

St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

William H. Nichols

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Wintthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

M.

5 COLOR OR RACE

W.

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

May

10

1868

(Month)

(Day)

(Year)

8 AGE

42

yrs.

10

mos.

22

ds.

If LESS than

1 day, hrs.

or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Jeweler

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE (State or country)

East Boston Mass.

11 NAME OF FATHER

William

12 BIRTHPLACE OF FATHER (State or country)

England

13 MAIDEN NAME OF MOTHER

Emma J. Hartlyn

14 BIRTHPLACE OF MOTHER (State or country)

England

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

W. Nichols

(Address)

288 Court Road.

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

April 12

(Month)

(Day)

1911

I HEREBY CERTIFY that I attended deceased from

Nov. 14, 1910, to Apr. 12, 1911,

that I last saw him alive on April 12, 1911,

and that death occurred, on the date stated above, at 12:12 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Degenerative Nephritis

of Unknown (Duration) yrs. mos. ds.

Contributory, General Arteriosclerosis, Enlargement of Liver.

(SECONDARY) Dilated Heart, all of unknown (Duration) yrs. mos. ds.

(Signed) Frank H. Tilton, M.D.

Apr. 3, 1911 (Address) 15 Princeton St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Woodlawn Cemetery, Wintthrop, Mass.

DATE OF BURIAL

Apr. 4, 1911

20 UNDERTAKER

E. J. Brown, Don. E. Boston

ADDRESS

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.
N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Turner (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never re-port "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Ivanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Snakebite*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Execution*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop Mass (No. 70 Triton

(City or town.)

St.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Salina Eva Grynman

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

11 27 1883
(Month) (Day) (Year)

7 AGE

55 yrs. 4 mos. 8 ds. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Winthrop Mass.

10 NAME OF FATHER

Itanus Belcher

11 BIRTHPLACE OF FATHER (State or country)

Winthrop Mass.

12 MAIDEN NAME OF MOTHER

Bertha Hardie

13 BIRTHPLACE OF MOTHER (State or country)

Chatham Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April 4 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

March 30, 1911, to April 4, 1911,

that I last saw her alive on April 3, 1911,

and that death occurred, on the date stated above, at 3 4 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) years. mos. ds.

Contributory (SECONDARY)

Probable uterine carcinoma

(Duration) months. mos. ds.

(Signed)

D. F. Jackson, M.D.

April 5, 1911 (Address) 562 Shirley St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop Cem.

DATE OF BURIAL

April 5, 1911

20 UNDERTAKER

J. C. Shaggo

ADDRESS

Winthrop Mass.

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Typho-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Tubercula*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *20 ds.*; *Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asiemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscefrage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Monicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Posture*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Fredrick B. Day* Registered No. _____
 Place of Death* } *19 Chester Ave. Winthrop* Date of Death } *Apr. 6 1911*
 Residence *19 Chester Ave. Winthrop* Age *68* years _____ months _____ days

STATISTICAL DETAILS

SEX <i>M.</i>	COLOR <i>W.</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Widower</i>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Newcastle N.E.</i>		
NAME OF FATHER <i>William</i>		
BIRTHPLACE OF FATHER ‡ <i>Winthrop N.E.</i>		
MAIDEN NAME OF MOTHER <i>Annietta Morse</i>		
BIRTHPLACE OF MOTHER ‡ <i>Portland N.E.</i>		
OCCUPATION <i>Retired Druggist</i>		
INFORMANT § <i>Wm. H. Day</i>		

PLACE OF BURIAL OR REMOVAL <i>Woodlawn Cem. Winthrop</i>	DATE OF BURIAL <i>Apr. 1 1911</i>
UNDERTAKER <i>A. S. Brown & Son. Winthrop</i>	ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased, during last illness, from *March 5* 19*11*, to *April 6* 19*11*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: *Carcinoma of liver & stomach*

(DURATION) *6 mths* DAYS
 Contributory: _____

(Signed) *B. Mulcahy* M.D.
April 7 1911 (Address) *Winthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 190 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

April 6, 1911

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

1 PLACE OF DEATH

Franklin
Wentworth Place

(No.)

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,

MARRIED,

WIDOWED,

OR DIVORCED

(Write the word)

Single

6 DATE OF BIRTH

unknown

(Month)

(Day)

(Year)

7 AGE

53

yrs.

mos.

ds.

If LESS than
1 day,.....hrs.

or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Soldier U.S. Army

(b) General nature of industry, business, or establishment in which employed (or employer)

*"*9 BIRTHPLACE
(State or country)*Germany*

10 NAME OF FATHER

*U. S. unknown*11 BIRTHPLACE OF FATHER
(State or country)*U. S. unknown*

12 MAIDEN NAME OF MOTHER

*U. S. unknown*13 BIRTHPLACE OF MOTHER
(State or country)*U. S. unknown*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Apr. 10

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I attended deceased from

Apr. 5, 191, to *Apr. 9*, 191,that I last saw him alive on *Apr. 9. 10 P.M.*, 191,and that death occurred, on the date stated above, at *2 a.m.*

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia,

(Duration)

yrs.

mos.

6 ds.

Contributory

(SECONDARY)

Age of Patient

(Duration)

yrs.

mos.

ds.

(Signed)

J. J. [Signature]

M.D.

(Address)

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

of death

yrs.

mos.

ds.

In the

State

yrs.

mos.

ds.

Where was disease contracted,

if not at place of death?

Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

East Boston

191

20 UNDERTAKER

ADDRESS

*Gordon D. A. Brown**East Boston*

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Metcalf Hospital (No. *Wendover*)

St.,

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Mary Stewart Robinson Clapp

[If married or divorced woman or widow give maiden name, also name of husband.]

widow of

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

female

5 COLOR OR RACE

white

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

7 DATE OF BIRTH

August (Month)

21st (Day)

1 (Year)

8 AGE

52 yrs. *7* mos. *24* ds.

If LESS than 1 day,..... hrs. or..... min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work...

None

(b) General nature of industry, business, or establishment in which employed (or employer).....

None

10 BIRTHPLACE (State or country)

Greensburg, Pa.

11 NAME OF FATHER

Frank Robinson

12 BIRTHPLACE OF FATHER (State or country)

Pittsburgh, Pa.

13 MAIDEN NAME OF MOTHER

Oliver Miltenberger

14 BIRTHPLACE OF MOTHER (State or country)

Pittsburgh, Pa.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Stuart Clapp (son)*

(Address) *Pittsfield, Mass.*

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 14 (Month)

1911 (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

April 8, 1911, to *April 14*, 1911, that I last saw him alive on *April 14*, 1911, and that death occurred, on the date stated above, at *1 a.m.*

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration)..... yrs. mos. *6* ds.

Contributory (SECONDARY)

(Duration)..... yrs. mos. ds.

(Signed) *B. Metcalf* M.D.
Apr 15, 1911 (Address) *Wendover, Mass.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. *5* ds. In the State..... yrs. mos. *Years*

Where was disease contracted, if not at place of death? *Wendover St. - Wendover*

Former or usual residence *Wendover St.*

19 PLACE OF BURIAL OR REMOVAL

Wendover Cemetery

DATE OF BURIAL

April 17, 1911

20 UNDERTAKER

C. R. Bennett

ADDRESS

Wendover, Mass.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Turner (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Broncho-pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthemia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Ivanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON

(City or town.)

1 PLACE OF DEATH

Winthrop (No. 239 Court Road)

Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Mrs. Grace Murphy nee White widow of Michael J.
239 Court Road

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

If LESS than 1 day, hrs.

74 yrs. 1 mos. ds. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Wm. J. Carruth
239 Court Road

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 14, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

March 2, 1911, to April 14, 1911, that I last saw him alive on April 13, 1911, and that death occurred, on the date stated above, at 10:00 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) yrs. 2 mos. ds.

Contributory (SECONDARY)

Arterio sclerosis

(Duration) yrs. mos. ds.

(Signed)

Wm. J. Carruth M.D.
April 14, 1911 (Address) Winthrop Mass.

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holyhood Apr. 17, 1911

20 UNDERTAKER

ADDRESS

Thos. J. Lane 130 E. Boston

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Vail engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

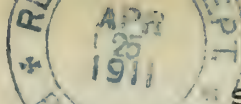
Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., ("tubercle," *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ectopic*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

1 PLACE OF DEATH

Winthrop

(No. 24 Beal

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Mary Elizabeth Kivlan

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

24 Beal St Winthrop.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

58

yrs. - mos. - ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Hat Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

East Cambridge

10 NAME OF FATHER

Peter F. Kivlan

11 BIRTHPLACE OF FATHER

(State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Katherine M. Laughlin

13 BIRTHPLACE OF MOTHER

(State or country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

John M. Hogan

(Address)

24 Beal St

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April

20

1911

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I attended deceased from

April 6, 1911, to April 20, 1911,

that I last saw her alive on April 14th, 1911,

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Pernicious anaemia

(Duration) 1 yrs. + mos. ds.

Contributory (SECONDARY)

Mitral Insufficiency

(Duration) yrs. mos. ds.

(Signed)

H. E. Bagdon

M.D.

April 21, 1911

(Address) 7 Central St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Longwood, Malden

April 23, 1911

20 UNDERTAKER

ADDRESS

M. J. Kelly

9 Marchant

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Korean*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal meningitis*; definite synonym is "Epidemic cerebro-spinal meningitis"; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*tuberculum*, *Sturcutum*, etc., of... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesles* (disease causing death); 10 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Worcester Mass (No. *40 Willow Ave* St.;

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Hannah Ellen Gardner
Widow of Chas. R. Gardner
3 RESIDENCE *40 Willow Ave Worcester Mass* Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

6 DATE OF BIRTH

Jan (Month) *24* (Day) *1937* (Year)

7 AGE

73 yrs. *9* mos. *28* ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

at home

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country)

Bradford Mass

10 NAME OF FATHER

Moses E. French

11 BIRTHPLACE OF FATHER (State or country)

Bradford.

12 MAIDEN NAME OF MOTHER

Annie W. Bailey

13 BIRTHPLACE OF MOTHER (State or country)

West Newbury, Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April (Month) *24* (Day) *1911* (Year)

17 I HEREBY CERTIFY that I attended deceased from

Apr. 15, 1911, to *Apr. 24*, 1911, that I last saw her alive on *Apr. 24*, 1911, and that death occurred, on the date stated above, at *6:15 A.M.*

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. *4* ds.

Contributory (SECONDARY)

La Grippe - Heart.

(Duration) yrs. mos. ds.

(Signed)

Alfred B. Boorman, M.D.

Apr. 25, 1911

(Address) *Worcester, Mass.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Worcester Cemetery

DATE OF BURIAL

April 25, 1911

20 UNDERTAKER

C. R. Bennett

ADDRESS

Worcester

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Korean*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Execution*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH—1911.

CITY OF
BOSTON.

FULL NAME Louisa M Bell Registered No. 3257

Place of Death } Boston Mass. Gen. Hospt.
and Residence }

Date of Death Apr. 4 1911. Age 44 years 4 months 26 days.

STATISTICAL DETAILS.

SEX F COLOR Col. SINGLE, MARRIED, WID., DIV. Div.

Maiden Name

Husband's Name

Birthplace

Name of
FatherBirthplace
of FatherMaiden Name
of MotherBirthplace
of Mother

Occupation

Informant

-----N.S.

William BellNova ScotiaSarah J. MitchellNova ScotiaAt Home

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1911, to 1911,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:

Primary
(Duration)

Chr. Nephritis - 5 yrs

Contributory :
(Duration)

(Signed) B Hollings M.D.Apr. 5 1911

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

In hospital 11 dysPlace of Burial
or removalLynn "Pine Grove"

Usual Residence

Winthrop (64 Prospect ave)

Undertaker

E A Mower

Filed

Apr. 6

1911

A true copy.
Attest:

EWM Glenen

Registrar.

Sept 27, 1911

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop Mass (No. 90 Atlantic St St;

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

90 Atlantic St Winthrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Married

6 DATE OF BIRTH

9 16 87
(Month) (Day) (Year)

7 AGE

39 yrs. *7* mos. *12* ds. or min. ?

If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Passenger Elevator

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Maine

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER (State or country)

Sweden

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (State or country)

Sweden

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 29, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

4/20, 1911, to *4/27*, 1911

that I last saw him alive on *4/27*, 1911

and that death occurred, on the date stated above, at *4 A* m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) *7* yrs. - mos. - ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) *Harvey A. Kelly*, M.D.

4/30, 1911 (Address) *263 27 Winthrop St*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cremated *5-1*, 1911

20 UNDERTAKER

ADDRESS

H. C. Shaggs *Winthrop*

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Varicella*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "As'thenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticte*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

3206

Wintthrop
(City or town)

1 PLACE OF DEATH

Wintthrop

(No. 29

Plummer Ave

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

William H. Jameson

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

29 Plummer Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Married

6 DATE OF BIRTH

Jan

14

1862

(Month)

(Day)

(Year)

7 AGE

49

yrs.

3

mos.

16

ds.

If LESS than 1 day,.....hrs.

or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

General S. S. Lin

9 BIRTHPLACE
(State or country)

Portland Me

10 NAME OF FATHER

John. Jameson

11 BIRTHPLACE OF FATHER
(State or country)

Unknown

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER
(State or country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C. R. Jameson

(Address)

189 Wintthrop St. Wintthrop

15

Filed..... 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April

130

1911

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Poisoning by illuminating gas, accidental.

(Duration).....yrs.....mos.....ds.

Contributory

(SECONDARY)

(Duration).....yrs.....mos.....ds.

(Signed)

Serge Burgess Dignath, M.D.
April 30, 1911 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Wintthrop Mass

DATE OF BURIAL

May 2, 1911

20 UNDERTAKER

C. R. Jameson

ADDRESS

Wintthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritonaeum, etc., *Carcinoma, Sarcoma, etc.*, of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Træmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Renal wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH—1911.

CITY OF
BOSTON.

FULL NAME Jennie I Blair Registered No. 4221

Place of Death } Boston New England Deaconess Hospt.
and Residence }

Date of Death May 1 1911, Age 70 years 11 months 7 days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

F W M

Maiden Name Carruthers

Husband's Name Isaac Blair

Birthplace New Annan, F.E.I.

Name of Father Christofer Carruthers

Birthplace of Father Scotland

Maiden Name of Mother Jane Irvin

Birthplace of Mother Scotland

Occupation At home

Informant.

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1911, to 1911,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary Carcinoma of stomach, laparotomy
(Duration)

1 yr: 1 mo. 11 dys

Contributory:
(Duration)

(Signed) D. F. Jones M.D.

May 1 1911

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

In hospital 1 mo. 17 dys

Usual Residence Winthrop (36 Prospect ave)

Filed May 3 1911

A true copy.
Attest:

EWM Glenew

Registrar.

Place of Burial
or removal.

Winthrop "Winthrop Cem"

Undertaker

C R Bennison

Winthrop

May 1, 1911

11
..
..

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

3212
Winthrop
(City or town.)

1 PLACE OF DEATH

Winthrop

(No. 205 Pleasant

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Susan L. Furbush

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

205 Pleasant St.,

Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

If LESS than 1 day, hrs.

74

mos. ds. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Boston

10 NAME OF FATHER

Abijah R. Furbush

11 BIRTHPLACE OF FATHER (State or country)

New Island Boston Harbor

12 MAIDEN NAME OF MOTHER

Hannah Leaman

13 BIRTHPLACE OF MOTHER (State or country)

Boston

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C. R. Furbush

(Address)

159 Winthrop St.

15

Filed, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May

2, 1911

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural causes.
probably heart disease.

(Sudden death)

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Dr. J. B. Magrath
May 4, 1911

(Address)

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Proctor County
Easton

DATE OF BURIAL

7, 1911

20 UNDERTAKER

C. R. Furbush

ADDRESS

Winthrop

N. B. — Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Renal wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Ward of Mum (No. Metcalf Hospital St.

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Margaret Jane Tucker
[If married or divorced woman or widow give maiden name, also name of husband.]

Widow of Frank E. Riehl

3 RESIDENCE

15 Hutchinson St. Woburn

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Widow

6 DATE OF BIRTH

July

(Month)

20

(Day)

1870

(Year)

7 AGE

41

yrs.

mos.

ds.

If LESS than 1 day,.....hrs.

or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer)...

9 BIRTHPLACE

(State or country)

New Bedford Mass

10 NAME OF FATHER

Willard N. Tucker

11 BIRTHPLACE OF FATHER
(State or country)

Glastonbury R.I.

12 MAIDEN NAME OF MOTHER

Sarah Murphy

13 BIRTHPLACE OF MOTHER
(State or country)

C. Tyrone Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Geo. F. Reif

(Address)

15 Hutchinson St. Woburn

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May

(Month)

5th

(Day)

1911

(Year)

17 I HEREBY CERTIFY that I attended deceased from

April 16th

1911, to

May 5th

1911,

that I last saw her alive on

May 5th

1911,

and that death occurred, on the date stated above, at 8:45 am

The CAUSE OF DEATH* was as follows:

Perforated appendix operation

(Duration)

yrs.

mos.

16 ds.

Contributory

(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

May 6th

1911 (Address)

Woburn

M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

of death

yrs.

mos.

11 ds.

In the State

yrs.

mos.

ds.

Where was disease contracted, If not at place of death?

15/16 Johnson St Woburn

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Woburn Mass

DATE OF BURIAL

May 7

1911

20 UNDERTAKER

Woburn

ADDRESS

Woburn

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer*, *Turn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Broncho-pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticke*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Execution*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. *2* *Juan ave* St. Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Ann M. Emery

[If married or divorced woman or widow give maiden name, also name of husband.]

Simon - J.

3 RESIDENCE

2

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widowed

7 DATE OF BIRTH

2 *14* *1882*
(Month) (Day) (Year)

8 AGE

79 yrs. *2* mos. *2* ds. or min. ?

If LESS than 1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Attleboro

11 NAME OF FATHER

Amos Emery

12 BIRTHPLACE OF FATHER (State or country)

Maine

13 MAIDEN NAME OF MOTHER

Unknown

14 BIRTHPLACE OF MOTHER (State or country)

Maine

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

16 Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

May *6* *1911*
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

May 6 *1911* to *May 6* *1911*

that I last saw her alive on *May 6* *1911*

and that death occurred, on the date stated above, at *8:30 PM*

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) *Months* yrs. mos. ds.

Contributory (SECONDARY)

Senility - Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed)

D. L. Jackson

M.D.

May 7 *1911* (Address) *562 Liberty St.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

W. C. Emery

DATE OF BURIAL

1911

20 UNDERTAKER

H. C. Shaggs

ADDRESS

Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, (*Composer*), *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "I aborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Team laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonitis, etc., (*Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mucositis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mucositis* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticte*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

MARLBOROUGH

(City or town.)

1 PLACE OF DEATH

Marlborough

(No.

Crane Meadow

St.:

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Alden Geldert

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Winthrop, Mass., 46 Tewksbury street

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

male

5 COLOR OR RACE

white

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

(Month)

(Day)

(Year)

8 AGE

63 yrs.

mos.

ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Retired Builder

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Nova Scotia

11 NAME OF FATHER

Horatio Geldert

12 BIRTHPLACE OF FATHER (State or country)

Nova Scotia

13 MAIDEN NAME OF MOTHER

unknown

14 BIRTHPLACE OF MOTHER (State or country)

Nova Scotia

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed June 5, 1911 P. B. Murphy

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May 7, 1911

(Month)

(Day)

1911

(Year)

17 I HEREBY CERTIFY that I attended deceased from

-----, 1911, to May 7, 1911

that I last saw h. alive on -----, 1911

and that death occurred, on the date stated above, at ----- m.

The CAUSE OF DEATH* was as follows:

Suffocation

(Duration) ----- yrs. ----- mos. ----- ds.

Contributory burning by forest fire

(SECONDARY)

(Duration) ----- yrs. ----- mos. ----- ds.

(Signed) E. G. Hoitt, Med. Exam. M.D.

May 7, 1911 (Address) Marlborough

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ----- yrs. ----- mos. ----- ds. In the State ----- yrs. ----- mos. ----- ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Mt Hope Cemetery Boston

DATE OF BURIAL

May 11, 1911

20 UNDERTAKER

J. Frank Child

ADDRESS

Marlborough

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never re-port "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningis, peritonaeum, etc., *Carcinoma, Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc. When a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Strangulation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wintrop Mass

BOSTON

(City or town.)

1 PLACE OF DEATH

Wintrop Mass (No. 25 Seaford av. St;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Jennie Fleisher
[If married or divorced woman or widow give maiden name, also name of husband.]

Wife of J. M. Fleisher

3 RESIDENCE

25 Seaford av. Wintrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Married

7 DATE OF BIRTH

(Month)

(Day)

(Year)

8 AGE

58

yrs.

mos.

ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

At Home

10 BIRTHPLACE

(State or country)

Russia

11 NAME OF FATHER

Jos. Lervenson

12 BIRTHPLACE OF FATHER
(State or country)

Russia

13 MAIDEN NAME OF MOTHER

Rachel Charnes

14 BIRTHPLACE OF MOTHER
(State or country)

Russia

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Jennie Fleisher
96 Brunswick St. W.

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May

(Month)

11

(Day)

1911

(Year)

17 I HEREBY CERTIFY that I attended deceased from Jan. 10, 1911, to May 11, 1911, that I last saw her alive on May 11, 1911, and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows: -

Chronic Endocarditis

Chronic Diffuse Nephritis

(Duration) 2 yrs. + mos. ds.
Contributory Chronic Cholecystitis & Gall Stones

(Duration) 3 yrs. + mos. ds.
(Signed) St. E. Bragdon M.D.

May 11, 1911 (Address) 76 Central Ave. East Boston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Interment Israel Cem. av. West Rox.

DATE OF BURIAL

May 12, 1911

20 UNDERTAKER

Levine

ADDRESS

3 Baldwin Pl. Boston

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Strangulation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wentworth (No. Metcalf Hotel St.;

Ward)

Wentworth
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Charles Edward Bacon
[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

24 Isabella St Boston

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Married

7 DATE OF BIRTH

June

29

1839

(Month)

(Day)

(Year)

8 AGE

71

yrs.

10

mos.

17

ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Caler

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE
(State or country)

Boston

11 NAME OF FATHER

Charles Bacon

12 BIRTHPLACE OF FATHER
(State or country)

Barnstable Mass

13 MAIDEN NAME OF MOTHER

Lillian F. Slackpole

14 BIRTHPLACE OF MOTHER
(State or country)

Kittery Me

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Charles E. Bacon Jr

(Address)

17 Chestnut and Wentworth

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May

16

1911

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I attended deceased from

May 6th, 1911, to

May 16th, 1911,

that I last saw him alive on

May 16th, 1911,

and that death occurred, on the date stated above, at 10 9 m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Contributory
(SECONDARY)

(Duration) yrs. 3 mos. ds.

General Arterio Sclerosis

(Signed)

May 18th, 1911

B. J. Metcalf
Wentworth

M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death? 34 Isabella St Boston

Former or usual residence 34 Isabella St Boston

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Swampscott Mass

May 18, 1911

20 UNDERTAKER

ADDRESS

C. R. Bunnison

Wentworth

Filed

191

REGISTRAR

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Hythrup

(No. *29* *Triton Ave* St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Ralph Elden Porter Patch

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Single

6 DATE OF BIRTH

11 *26* *1908*
(Month) (Day) (Year)

7 AGE

2 yrs. *5* mos. *24* ds. or min.?

If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work

none

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(State or country)

Hythrup, Mass.

10 NAME OF FATHER

Ralph Elden Patch

11 BIRTHPLACE OF FATHER
(State or country)

Hythrup, Mass.

12 MAIDEN NAME OF MOTHER

Best

13 BIRTHPLACE OF MOTHER
(State or country)

DEer Isle, Me.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May *20*, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from *May 1st*, 1911, to *May 20th*, 1911, that I last saw him alive on *May 19th*, 1911, and that death occurred, on the date stated above, at *29m*.

The CAUSE OF DEATH* was as follows:

Tubercular meningitis

(Duration) yrs. mos. *14* ds.

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Blumfeld M.D.
May 21, 1911 (Address) *Waltham, Mass.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Hythrup, Mass. *5-23*, 1911

20 UNDERTAKER

ADDRESS

H. C. Seager

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Jug laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*typho-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., (*carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated, unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asystolia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc. When a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Snakebite*, *Moniacs*, etc.
2. Deaths supposed caused by violence, as (*criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

CITY OF
BOSTON.

RETURN OF A DEATH—1911.

FULL NAME Robert H Anderson Registered No. 5050

Place of Death } Boston City Hospt.
and Residence }

Date of Death May 21 1911. Age 8 years 4 months 13 days.

STATISTICAL DETAILS.

SEX	COLOR	SINGLE, MARRIED, WID., DIV.
M	W	S

Maiden Name.....

Husband's Name.....

Birthplace.....

Name of
Father.....Birthplace
of Father.....Maiden Name
of Mother.....Birthplace
of Mother.....

Occupation.....

Informant.....

CambridgeKnut G. AndersonSwedenEmma LundgrenSwedenSchool-boyForest HillsC A Wallberg

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1911, to 1911,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:

Primary
(Duration)Diphtheria (faucial & laryngeal
with ext. into trachea & lungs)5 daysContributory :
(Duration)(Signed) M. J. English M.D.May 22 1911.

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

In hospital 21 hrsPlace of Burial
or removal.....

Undertaker.....

Usual Residence.....

Filed.....

A true copy.
Attest:Winthrop (15 Pauline st)May 27

1911

EWM Glenew

Registrar.

THEORY OF THE EARTH

BY J. H. VAN DIJK

AMSTERDAM, 1911

THE NETHERLANDS

THE NETHERLANDS

THE NETHERLANDS

THE NETHERLANDS

THE NETHERLANDS

THE NETHERLANDS

THE NETHERLANDS

THE NETHERLANDS

THE NETHERLANDS

THE NETHERLANDS

THE NETHERLANDS

THE NETHERLANDS

THE NETHERLANDS

THE NETHERLANDS

THE NETHERLANDS

THE NETHERLANDS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop, about 200 feet West of Winthrop Beach Station

(City or town.)

[If death occurred in hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Harold L. Baker

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

177 Pauline St., Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

11 9 1892
(Month) (Day) (Year)

7 AGE

19 yrs. 6 mos. 15 ds. or min.?

If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

Fish

9 BIRTHPLACE (State or country)

Winthrop

10 NAME OF FATHER

Arthur L. Baker

11 BIRTHPLACE OF FATHER (State or country)

St. Dunbury Mass

12 MAIDEN NAME OF MOTHER

Helen Barclay

13 BIRTHPLACE OF MOTHER (State or country)

England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May 24 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Multiple injuries (general mutilation) caused by being accidentally run over by a steam railroad train (B.R. & L.R.)

Contributory (SECONDARY)

(Signed)

Serge Eugene Magnath

M.D.

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death, yrs. mos. ds. In the State, yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Ann's

DATE OF BURIAL

5-26 1917

20 UNDERTAKER

J. C. Scaggs

ADDRESS

St. Ann's

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Broncho-pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

(City or town.)

(No. Odd Fellows Home St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Mary J S (Magoon) Bates

[If married or divorced woman or widow give maiden name, also name of husband.]

Thomas E Bates

3 RESIDENCE

WINTHROP

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

Female

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Widowed

7 DATE OF DEATH

May 27, 1911

(Month) (Day) (Year)

8 DATE OF BIRTH

Oct 31, 1854

(Month) (Day) (Year)

9 AGE

56 yrs. 6 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

10 I HEREBY CERTIFY that I attended deceased from

Nov, 1910, to May 25, 1911, that I last saw her alive on May 25, 1911, and that death occurred, on the date stated above, at 1.30 AM

The CAUSE OF DEATH* was as follows:

Mastoiditis - 7 mos.

11 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

12 BIRTHPLACE (State or country)

Calais, Me

13 NAME OF FATHER

Robert Magoon

14 BIRTHPLACE OF FATHER (State or country)

Calais, Me

15 MAIDEN NAME OF MOTHER

Jeannette Magoon

16 BIRTHPLACE OF MOTHER (State or country)

Calais, Me

17 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Records Odd Fellows Home
(Address) Worcester

18 Filed May 29, 1911

REGISTRAR

(Duration) yrs. mos. ds.

Contributory Brain abscess
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Ernest L Hunt, M.D.

May 30, 1911 (Address) Worcester

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

20 PLACE OF BURIAL OR REMOVAL

Hope Cemetery
Worcester

DATE OF BURIAL

May 29, 1911

21 UNDERTAKER

F A Caswell & Co

ADDRESS

Worcester

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Traemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

WINTHROP
BOSTON
(City or town.)

1 PLACE OF DEATH

Wintthrop

(No. 18 Fawn Bar Ave;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Michael Cusech

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

18 Fawn Bar Ave Wintthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

m

5 COLOR OR RACE

w

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Widowed

7 DATE OF BIRTH

April

(Month)

1

(Day)

1891
(Year)

8 AGE

60

yrs.

mos.

ds.

If LESS than
1 day, hrs.
or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Retired

(b) General nature of industry, business, or establishment in which employed (or employer).

Carpenter & Builder

10 BIRTHPLACE

(State or country)

St John N.B.

11 NAME OF FATHER

Thomas Cusech

12 BIRTHPLACE OF FATHER

(State or country)

Ireland

13 MAIDEN NAME OF MOTHER

Bridget Spain

14 BIRTHPLACE OF MOTHER

(State or country)

Ireland

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. G. A. Jenkins

(Address)

160 Somerset Ave. Wintthrop

Filed

1911

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May

29

1911

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I attended deceased from

_____ 1911, to _____ 1911,

that I last saw him alive on _____ 1911,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Died while attending physician was away

Cancer of Rectum

(Duration)

yrs.

mos.

ds.

Contributory

(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

Wintthrop Board of Health

M.D.

Edward J. Grange

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

of death

yrs.

mos.

ds.

In the

State

yrs.

mos.

ds.

Where was disease contracted,

If not at place of death?

Former or

usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

New Calvary

June 1, 1911

20 UNDERTAKER

ADDRESS

J. J. Lane & Co. 120 Haver

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But, in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Run laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Ivanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop, Mass. (No. 34 River Road St. ;

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

34 River Road Winthrop Mass.

Registered No. 1533

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

3 18, 1862 (Month) (Day) (Year)

7 AGE

44 yrs. 2 mos. 15 ds. If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work..

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

Housework

9 BIRTHPLACE (State or country)

England

10 NAME OF FATHER

Jacob Harrop

11 BIRTHPLACE OF FATHER (State or country)

England

12 MAIDEN NAME OF MOTHER

Margaret Caldwell

13 BIRTHPLACE OF MOTHER (State or country)

England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

John A. Gould 34 River Road Winthrop Mass

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

6 3 1911 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Sept. 1910 to May 3, 1911, that I last saw her alive on June 1, 1911, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Pericarditis Anaemia Duration indefinite.

(Duration) yrs. mos. ds.

Contributory Gradual exhaustion with final pulmonary oedema of two to three days (Duration) yrs. mos. ds.

(Signed) C. D. Knowlton M.D.

June 4, 1911 (Address) 574 Warren St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Forestdale Marden, Mass.

June 6, 1911

20 UNDERTAKER

ADDRESS

Fred W. Young

Wynn Mass

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Kam laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Turner (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the, only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hæmorrhage," "Ivanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Erposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop Mass (No. *Wentworth*)

St.; Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Adelaide Susan Le Favor

Widow of John S. Le Favor

Winthrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

widow

7 DATE OF BIRTH

Oct (Month)

10 (Day)

1842 (Year)

8 AGE

68 yrs. *9* mos. *30* ds.

If LESS than 1 day, hrs. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

at home

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE (State or country)

Boston Mass

11 NAME OF FATHER

John Burrill

12 BIRTHPLACE OF FATHER (State or country)

Canaan Me

13 MAIDEN NAME OF MOTHER

Nancy Dockam

14 BIRTHPLACE OF MOTHER (State or country)

Merrill Me

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Le R. Bennett

(Address)

Winthrop Mass

16

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

June 9

(Month)

(Day)

1911 (Year)

I HEREBY CERTIFY that I attended deceased from

May 20, 1911, to *June 9*, 1911,

that I last saw him alive on *9 June*, 1911,

and that death occurred, on the date stated above, at *1048* St.

The CAUSE OF DEATH* was as follows:

*General Arterio sclerosis
mitral insufficiency*

Contributory (SECONDARY)

Cerebral hemorrhage

(Duration)

2 yrs.

mos.

ds.

(Signed)

June 10, 1911

Wentworth

(Duration)

2 yrs.

mos.

ds.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death

ys.

mos.

ds.

In the State

ys.

mos.

ds.

Where was disease contracted, If not at place of death?

Wentworth Mass

Former or usual residence

Philadelphia Pa.

19 PLACE OF BURIAL OR REMOVAL

Reading Cemetery

DATE OF BURIAL

June 11, 1911

20 UNDERTAKER

Le R. Bennett

ADDRESS

Wentworth

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary steam*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Funeral laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death); ^{29 ds.} *Broncho-pneumonia* (secondary), ^{10 ds.} Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Snakebite*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

CITY OF
BOSTON.

RETURN OF A DEATH—1911.

FULL NAME Thomas J Darlow Registered No. 5610

Place of Death { Boston Childrens Hospt.

Date of Death Jun. 11 1911. Age 3 years 5 months 12 days.

STATISTICAL DETAILS.

PHYSICIAN'S CERTIFICATE.

SEX M COLOR W SINGLE, MARRIED, WID., DIV. S

I HEREBY CERTIFY that I attended deceased during last illness,
from 1911, to 1911,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:

Maiden Name

Husband's Name

Primary
(Duration)

Tubercular meningitis -
15 days

Birthplace WinthropName of Father John A DarlowBirthplace of Father EnglandContributory:
(Duration)Maiden Name of Mother Fannie E RealBirthplace of Mother Cambridge(Signed) W.P. Lucas M.D.

Occupation

Informant

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial or removal Cambridge "Camb. Cem"Usual Residence Winthrop (17 Tewksbury st)Undertaker W C SkaggsFiled Jun. 15 1911WinthropA true copy.
AttestEWM Glenew

Registrar.

June 11, 1911

RETURN OF A DEATH

Worcester
(CITY OR TOWN.)

FULL NAME *Caroline Gertrude Higham* Registered No. _____
 Place of Death* } *94 Bellevue ave* Date of Death } *June 13* 19*11*
 Residence _____ Age *58* years *4* months *10* days

STATISTICAL DETAILS

SEX <i>female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>married</i>
MAIDEN NAME † <i>Williams</i>		
HUSBAND'S NAME † <i>Daniel Higham</i>		
BIRTHPLACE ‡ <i>Boston - Mass</i>		
NAME OF FATHER <i>Marlborough Williams</i>		
BIRTHPLACE OF FATHER ‡ <i>Boston - Mass</i>		
MAIDEN NAME OF MOTHER <i>Mary Ella Farrar</i>		
BIRTHPLACE OF MOTHER ‡ <i>Upton Mass</i>		
OCCUPATION <i>at home</i>		
INFORMANT § <i>C. R. Bennett</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *June* 19*08* to *June 13* 19*11*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Locomotor ataxia*

(DURATION) *3 yrs.* DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *B. M. Kelley* M.D.

June 14 19*11* (Address) *W. B. Kelley*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____

19 _____

Clerk

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Int. Auburn - Cambridge *June 15* 19*11*

UNDERTAKER

ADDRESS

C. R. Bennett *Worcester*

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

June 13, 1911

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. *15* St.)

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

If LESS than 1 day, hrs.

yrs.

mos.

ds.

or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June 15, 1911.
(Month) (Day) (Year)

17

I HEREBY CERTIFY that I attended deceased from

June 5, 1911, to *June 15*, 1911, that I last saw her alive on *June 15*, 1911, and that death occurred, on the date stated above, at *6* m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Albert B. Gorman

M.D.

June 15, 1911. (Address) *Winthrop, Mass.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

6-15, 1911.

20 UNDERTAKER

ADDRESS

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Woman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite); avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.
N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Norfolk

(No.)

Popolatus

St.

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Joseph Maxim Blisham

[If married or divorced woman or widow give maiden name (also name of husband).]

3 RESIDENCE

Amherst, Mass

Registered No. 10

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

Oct.

8

1880

(Month)

(Day)

(Year)

7 AGE

60

yrs.

8

mos.

18

ds.

If LESS than 1 day, hrs.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Liverpool, Eng.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Sarah C. Blisham

(Address)

15

June 28 1911

William M. Hill

R. C. A. R. and REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 26

1911

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I attended deceased from

June 24, 1911, to June 26, 1911,

that I last saw him alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Arterio Sclerosis

(Duration) 2 yrs. mos. ds.

(Signed) Geo. H. Yeaton, M.D.

June 26, 1911 (Address) Medway

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Forest Lawn Cem.

DATE OF BURIAL

1911

20 UNDERTAKER

Walter C. Palmer

ADDRESS

Medway, Mass.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Asphyxia*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

STANDARD CERTIFICATE OF DEATH

Thiobacillus (No. 175) *Thiobacillus* St.

Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

[If married or divorced woman or widow
give maiden name, also name of husband.]

^aRESIDENCE 176 244 54 76 144 Registered No.

MEDICAL CERTIFICATE OF DEATH

6 DATE OF BIRTH 10 28 1954
(Month) (Day) (Year)

8 OCCUPATION

(a) Trade, profession, or particular kind of work Life Insurance Agent

(b) General nature of industry, business, or establishment in which employed (or employer).....

9 BIRTHPLACE
(State or country)
Scotland

10 NAME OF FATHER

11 BIRTHPLACE
OF FATHER
(State or country)

12 MAIDEN NAME
OF MOTHER

13 BIRTHPLACE
OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed _____ 191 _____ REGISTRAR

16 DATE OF DEATH *June* (Month) 27 (Day), 1911 (Year)

17 I HEREBY CERTIFY that I attended deceased from Jan, 1911, to June 27, 1911,
that I last saw her alive on June 26, 1911,
and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

Contributory. _____
(SECONDARY) _____

(Signed) B. M. Metcalf (Duration) yrs. mos. ds. M.D.
me 20th 1911 (Address) Wmslop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

20 UNDERTAKER	ADDRESS
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc. When a definite disease can be ascertained as the cause, always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as (*criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ectoposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH

Winchuck
(CITY OR TOWN.)

FULL NAME *Charles Augustus Casco* Registered No. _____
 Place of Death* } *320 Pleasant St Winchuck* Date of Death } *June 27* 19*11*.
 Residence *" " " "* Age *91* years *X* months *7* days

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Widower</i>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <i>Copenhagen Denmark</i>		
NAME OF FATHER <i>Unknown</i>		
BIRTHPLACE OF FATHER ‡ <i>" "</i>		
MAIDEN NAME OF MOTHER <i>" "</i>		
BIRTHPLACE OF MOTHER ‡ <i>" "</i>		
OCCUPATION <i>Retired Sea Captain</i>		
INFORMANT § <i>Mrs Henry C. Peterson</i> <i>Daughter</i>		

PLACE OF BURIAL OR REMOVAL <i>Woodlawn Cemetery</i>	DATE OF BURIAL <i>June 29</i> 19 <i>11</i>
UNDERTAKER <i>C. R. Benson</i>	ADDRESS <i>Winchuck</i>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *June 1* 19*11* to *June 27* 19*11*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Senility*

(DURATION) _____ DAYS
 Contributory: *Chronic Prostatitis*

(DURATION) *2 yrs* DAYS
 (Signed) *D. L. Jackson* M.D.

June 29 19*11* (Address) *562 Shirley St.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed

19 _____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

June 27, 1911

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

1 PLACE OF DEATH

Winthrop

(No. 278 Main

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Eline Ballen

[If married or divorced woman or widow give maiden name, also name of husband.]

4 RESIDENCE

278 Main St Winthorp

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

If LESS than
1 day, hrs.

1 yrs. 2 mos.

ds.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE
(State or country)

Winthorp

10 NAME OF FATHER

Joseph H.

11 BIRTHPLACE OF FATHER
(State or country)

Boston

12 MAIDEN NAME OF MOTHER

Mary Lavery

13 BIRTHPLACE OF MOTHER
(State or country)

East Boston

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Father
Winthorp

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 28

(Month)

(Day)

1911
(Year)

17

I HEREBY CERTIFY that I attended deceased from

June 18, 1911, to June 28, 1911,

that I last saw her alive on June 28, 1911,

and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Meningitis

Prodromal illness 10 days.
(Duration) yrs. mos. 5 ds.Contributory
(SECONDARY)acute Lobar Pneumonia
measles

(Duration)

yrs.

mos.

ds.

(Signed)

D. B. Hurley

M.D.

June 28, 1911 (Address) 70 Chelsea St E.B.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds.

In the

State

yrs.

mos.

ds.

Where was disease contracted,
If not at place of death?Former or
usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross Malden

June 28, 1911

20 UNDERTAKER

ADDRESS

R. C. Kirby

East Boston

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Uterinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Suttle," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Etopsure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

THE COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Worthington
(CITY OR TOWN.)

FULL NAME *Breva. Elizabeth Borden* Registered No. _____
Place of Death* } *51 Thomas Park Worthington* Date of Death } *June 29* 19*11*
Residence " " " " Age *17* years. *17* months. *17* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <i>Worthington Mass</i>		
NAME OF FATHER <i>Charles M. Borden</i>		
BIRTHPLACE OF FATHER ‡ <i>Pugwash. Nova Scotia</i>		
MAIDEN NAME OF MOTHER <i>Myrna. Ledden</i>		
BIRTHPLACE OF MOTHER ‡ <i>Auburn Maine</i>		
OCCUPATION _____		
INFORMANT § <i>Charles M. Borden father</i>		

I HEREBY CERTIFY that I attended deceased during last illness, from *May 29* 19*11* to *June 29* 19*11*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Premature*
Lack of vitality
(DURATION) *17* DAYS

Contributory: _____
(DURATION) _____ DAYS

(Signed) *B. M. Mical* M.D.
June 29 19*11* (Address) *Worthington Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years. _____ months. _____ days

Where was disease contracted, if not at place of death? _____

Filed _____ 19 _____ Clerk

PLACE OF BURIAL OR REMOVAL ‖ <i>Worthington Cemetery -</i>	DATE OF BURIAL <i>July 1st</i> 19 <i>11</i>
UNDERTAKER <i>Levi B. Borden</i>	ADDRESS <i>Worthington</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

June 29, 1911

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Westborough, Mass. (No. Westboro State Hospital St.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Lillian Appleyard
Winthrop, Mass.

Registered No. 101

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH June 15th 1883, 1 (Month) (Day) (Year)

7 AGE 28 yrs. 0 mos. 15 ds. If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

England

10 NAME OF FATHER

Joseph Appleyard

11 BIRTHPLACE OF FATHER (State or country)

England "India"

12 MAIDEN NAME OF MOTHER

Mary E. Booth

13 BIRTHPLACE OF MOTHER (State or country)

England "Leeds"

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Records of State Hospital

15

Filed

July 1, 1911

J. J. Goss REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 1st 1911 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from June 24th 1911, to July 1st 1911, that I last saw her alive on June 30th 1911, and that death occurred, on the date stated above, at 1309 m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(Duration) yrs. mos. ds.

Contributory (SECONDARY) pneumonia of lungs and pleurisy with effusion (Duration) yrs. mos. ds.

(Signed) J. C. Dyer, M.D.

July 1, 1911 (Address) Westboro, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 7 mos. 27 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death ?

Former or usual residence Winthrop, Mass.

19 PLACE OF BURIAL OR REMOVAL

Winthrop Mass. Winthrop Cemetery

DATE OF BURIAL

July 3, 1911

20 UNDERTAKER

E. L. Wood Westboro, Mass.

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manget," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Win. Allen

~~BOSTON~~

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Myrtle Hospital (No. *170* *Winthrop*)

St.,

Ward)

2 FULL NAME

Arthur J. Sullivan

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

89 Bradstreet Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

7 DATE OF BIRTH

Aug 15, 18*96*
(Month) (Day) (Year)

8 AGE

14 yrs. *10* mos. *16* ds. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work...

(b) General nature of industry, business, or establishment in which employed (or employer)...

10 BIRTHPLACE (State or country)

Boston

11 NAME OF FATHER

David

12 BIRTHPLACE OF FATHER (State or country)

Boston Mass

13 MAIDEN NAME OF MOTHER

Hannah O'Brien

14 BIRTHPLACE OF MOTHER (State or country)

Boston Mass

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Father

(Address)

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 1, 191*1*
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

June 27, 191*1*, to *July 1*, 191*1*,
that I last saw him alive on *July*, 191*1*,
and that death occurred, on the date stated above, at *1.06 P.M.*

The CAUSE OF DEATH* was as follows:

General peritonitis

Contributory (SECONDARY)

Appendicitis (Duration) yrs. mos. ds.
Inflamed appendix (Duration) yrs. mos. ds.

(Signed)

Yves M. Kelly, M.D.
July 1, 1911 (Address) *Winthrop*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death? *Home. Beachmont*

Former or usual residence. *89 Bradstreet W. Beachmont*

19 PLACE OF BURIAL OR REMOVAL

St. Mary Cross Malda July 4, 191*1*

20 UNDERTAKER

Priscilla & Grand

ADDRESS

10 North Avenue W Boston

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Broncho-pneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop (No. 144 Shirley St. ; Ward)

2 FULL NAME Hosrofatoot Mozzofian
[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE Providence R. I.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX Female 5 COLOR OR RACE white 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (Write the word)

7 DATE OF BIRTH (Month) (Day) (Year) 1889

8 AGE 22 yrs. mos. ds. or min. ? If LESS than 1 day, hrs.

9 OCCUPATION (a) Trade, profession, or particular kind of work. Housewife (b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE (State or country) Russia

11 NAME OF FATHER Aganes Arganian

12 BIRTHPLACE OF FATHER (State or country) Akelcet Russia

13 MAIDEN NAME OF MOTHER Koto

14 BIRTHPLACE OF MOTHER (State or country) Akelcet Russia

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 2, 1911 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from June 15, 1911, to July 2, 1911, that I last saw her alive on July 2, 1911, and that death occurred, on the date stated above, at 10:30 P.M.

The CAUSE OF DEATH* was as follows: Miliary tuberculosis

(Duration) yrs. mos. ds. 5

Contributory (SECONDARY) Le Grippe (Duration) yrs. mos. ds. 20

(Signed) D. J. Melchajian M.D.

July 3, 1911. (Address) 5 Nichols St. - Ch.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Woodlawn DATE OF BURIAL July 4, 1911

20 UNDERTAKER C. H. Faurce Chelsea mass.

REGISTRAR

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Korean*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), "9 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop

(No. *17 Quincy Avenue* St.,

Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Cyrus Albion Barrett
17 Quincy Avenue

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)
Married

6 DATE OF BIRTH

Nov 14
(Month) (Day) (Year)

7 AGE

30 yrs. mos. ds. or min. ?

If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

Auditor

(b) General nature of industry, business, or establishment in which employed (or employer).

Office Work

9 BIRTHPLACE

(State or country)

Derby Kt

10 NAME OF FATHER

John M. Barrett

11 BIRTHPLACE OF FATHER
(State or country)

Stafford Kt

12 MAIDEN NAME OF MOTHER

Martha Spear

13 BIRTHPLACE OF MOTHER
(State or country)

Derby Kt

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs Florence A. Barrett

(Address)

15

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 5, 191*1*
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Dec 5, 191*0*, to *July 5*, 191*1*,

that I last saw him alive on *July 5*, 191*1*,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Swelling of RT lung

Contributory (SECONDARY)

Structure of esophagus, enlarged, delayed emptying, delayed emptying
(Duration) yrs. mos. *74* ds.

(Signed)

July 7, 191*1* (Address) *Weymouth Mass*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Weymouth

DATE OF BURIAL

July 7, 191*1*

20 UNDERTAKER

M. J. Kelly

ADDRESS

49 Maverick St E B

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement, it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., (*uræmic*, *Sarcoid*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

3446

Wintthrop
(City or town.)

1 PLACE OF DEATH

Wintthrop (No. 121, Park Ave St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Edward London

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (Write the word)

6 DATE OF BIRTH Feb 6th 1911 (Month) (Day) (Year)

7 AGE 1 yrs. 5 mos. X ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Police Officer (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Cambridge Mass

10 NAME OF FATHER Herbert E Gordon

11 BIRTHPLACE OF FATHER (State or country) Cambridge Mass

12 MAIDEN NAME OF MOTHER Miss London

13 BIRTHPLACE OF MOTHER (State or country) Cambridge Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Herbert E Gordon (Address) 121 Park Ave Wintthrop Mass

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 6, 1911 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Compound fracture (rush) of the skull caused by being accidentally knocked down and run over by a horse and wagon (Duration) yrs. mos. ds.

(Signed) George Rogers Mearns, M.D. July 6, 1911 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death? Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL July 8th 1911

20 UNDERTAKER James H. Sullivan ADDRESS 121 Park Ave Wintthrop Mass

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Yacht engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Erasure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

281 (No. Main

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Helen A. Frederick

[If married or divorced woman or widow give maiden name, also name of husband.]

Helen A Morgan Calvin SE Frederick

3 RESIDENCE

281 Main st

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

7 DATE OF BIRTH

Unknown (Month) (Day) (Year)

8 AGE

80 yrs. — mos. — ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Binghamton, N. Y.

11 NAME OF FATHER

Albert Morgan

12 BIRTHPLACE OF FATHER (State or country)

Binghamton N. Y.

13 MAIDEN NAME OF MOTHER

Unknown

14 BIRTHPLACE OF MOTHER (State or country)

Binghamton N. Y.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Helen A. Lewis

(Address) 281 Main st

16 Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

July 9, 1911 (Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from March, 1911, to July 8, 1911, that I last saw her alive on July 8, 1911, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Senility. — Myocarditis

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) D. S. Jackson, M.D.

July 10, 1911 (Address) 5-62 Shirley St.

If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop

DATE OF BURIAL

July 10, 1911

20 UNDERTAKER

R. A. Walberg

Boston

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritonaeum, etc., (*Carcinoma, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), "9 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

PLACE OF DEATH

Winthrop

(No. 30

Ocean View

St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

James Allen

[If married or divorced woman or widow give maiden name, also name of husband.]

RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR OR RACE

White

SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Married

DATE OF BIRTH

April

(Month)

8

(Day)

1862

(Year)

AGE

49 yrs. 3 mos. 2 ds.

If LESS than
1 day, ... hrs.

or ... min.?

OCCUPATION

(a) Trade, profession, or
particular kind of work.

Superintendent

(b) General nature of industry,
business, or establishment in
which employed (or employer).

Iron Laborers

BIRTHPLACE

(State or country)

Ireland

NAME OF
FATHER

John Allen

BIRTHPLACE
OF FATHER
(State or country)

Ireland

MAIDEN NAME
OF MOTHER

Ellen Irving

BIRTHPLACE
OF MOTHER
(State or country)

Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Alice Allen

(Address)

20 Ocean View

Filed

1911

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

July

(Month)

10

(Day)

1911

(Year)

I HEREBY CERTIFY that I attended deceased from

Winthrop, 1910, to July 10, 1911,

that I last saw him alive on July 10, 1911,

and that death occurred, on the date stated above, at 3¹⁰ p.m.

The CAUSE OF DEATH* was as follows:

acute dilatation of heart

(Duration)

2 mos.

ds.

Contributory
(SECONDARY)

Subacute Kidney

(Duration)

9 yrs.

ds.

(Signed)

J. W. H. Kelly, M.D.

If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?Former or
usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross Cemetery July 13, 1911

UNDERTAKER

ADDRESS

John F. C. Malley 79 Atlantic St.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Broncho-pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wentworth
BOSTON

(City or town.)

1 PLACE OF DEATH

Wentworth Mass

(No.)

Melrose Hospital

St.

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Baby Boyer

Still Born

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

River Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

7 DATE OF BIRTH

July

16

1911

(Month)

(Day)

(Year)

8 AGE

If LESS than 1 day, hrs.

.... yrs.

.... mos.

.... ds.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Wentworth Mass

11 NAME OF FATHER

John Boyer

12 BIRTHPLACE OF FATHER

(State or country)

Concord Mass

13 MAIDEN NAME OF MOTHER

Ely about E. Daly

14 BIRTHPLACE OF MOTHER

(State or country)

Boston

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Wentworth

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

July 11

(Month)

(Day)

(Year)

I HEREBY CERTIFY that I attended deceased from

July 11, 1911, to *July 11*, 1911, that I last saw him alive on *July 11*, 1911, and that death occurred, on the date stated above, at *7* m.

The CAUSE OF DEATH* was as follows:

Incidental to birth

Still born

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

July 13

(Address)

Wentworth Mass

M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Holy Cross Church

DATE OF BURIAL

July 14, 1911

20 UNDERTAKER

Le R. B. B. B.

ADDRESS

Wentworth

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus, *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Asphyxia*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wintthrop
BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Wintthrop (No. *51* *Ingleside Ave.* St.;

Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Wintthrop mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

W.

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

7 DATE OF BIRTH

Apr. 25, 18*30*
(Month) (Day) (Year)

8 AGE

81 yrs. *2* mos. *16* ds.

If LESS than 1 day,.....hrs. or.....min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.....

to home.

(b) General nature of industry, business, or establishment in which employed (or employer).....

10 BIRTHPLACE

(State or country)

Revere Mass.

11 NAME OF FATHER

Wm. Furbelung

12 BIRTHPLACE OF FATHER (State or country)

Wintthrop mass.

13 MAIDEN NAME OF MOTHER

Lydia Crowell

14 BIRTHPLACE OF MOTHER (State or country)

West Dennis mass.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mr. Frank Furbur

(Address)

Wintthrop

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

July 11, 191*1*
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

....., 1910, to *July 11*, 1911, that I last saw him alive on *July 8*, 1911, and that death occurred, on the date stated above, at *5 P* m.

The CAUSE OF DEATH* was as follows:

Fibro-cystic abdominal tumor

Contributory..... (SECONDARY)

(Duration).....yrs.mos.ds.

(Signed)

O. Johnson, M.D. *July 12*, 1911 (Address) *Wintthrop mass.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.mos.ds. In the State.....yrs.mos.ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

Wintthrop Cem.

DATE OF BURIAL

July 13, 1911

20 UNDERTAKER

E. G. BROWN & SON,

ADDRESS

Wintthrop

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Wool engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never re-
port "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonitis, etc., ("Carcinoma, Sarcoma, etc., of....." (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Stricture*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Worcester
BOSTON

(City or town.)

1 PLACE OF DEATH

Worcester

(No. 60 Cliff Ave

St. :

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Charles Portland Clark

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

60 Cliff Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

March

27

1897

(Month)

(Day)

(Year)

7 AGE

54

yrs.

4

mos.

13

ds.

If LESS than 1 day, hrs.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

Fall River Co

9 BIRTHPLACE

(State or country)

Wheeling Va

PARENTS

10 NAME OF FATHER

William Bedford Clark

11 BIRTHPLACE OF FATHER

(State or country)

Wheeling Va

12 MAIDEN NAME OF MOTHER

Julia Evans

13 BIRTHPLACE OF MOTHER

(State or country)

Alexandria Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Calvin Low

(Address)

60 Cliff Ave Worcester

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July

(Month)

11

(Day)

191

(Year)

17 I HEREBY CERTIFY that I attended deceased from

July 11th, 1911, to

that I last saw him alive on July 11, 1911,

and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

J. P. Clark, M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Worcester

DATE OF BURIAL

July 4, 1911

20 UNDERTAKER

C. R. Sumner

ADDRESS

Worcester

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furniture laborer*, *Laborer*—(*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., ("pneumonia, Sarcina, etc., of....." (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Pneumo-pneumonia* (secondary, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicæmia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ergotism*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

1 PLACE OF DEATH

Wentworth Mass (No. *410 Shirley*)

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Maria Rollins
Widow of F. J. Rollins
Wentworth Mass Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

7 DATE OF BIRTH

July 6 (Month) (Day) (Year)

8 AGE

78 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Boston - Mass

11 NAME OF FATHER

William

12 BIRTHPLACE OF FATHER

(State or country)

Mass

13 MAIDEN NAME OF MOTHER

14 BIRTHPLACE OF MOTHER

(State or country)

Mass

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

E. R. Brown
Wentworth

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 13 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

June 31, 191*1*, to *July 13*, 191*1*, that I last saw *her* alive on *July 13*, 191*1*, and that death occurred, on the date stated above, at *1:30* p.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Contributory *Chronic Valvular Heart and Ch.* (Secondary) *Leading cause* (Primary) *Diabetes Mellitus*

(Signed)

E. R. Brown (Address) *Wentworth Mass*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Glennwood Burial

July 15, 191*1*

20 UNDERTAKER

ADDRESS

E. R. Brown

Wentworth

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer*—(*Coal mine*), etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., ("tubercle, Sarcoma, etc., of....." (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicæmia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Thurmap (No. 77 Bartlett Road) St.

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Eva S. Colby
Benj. L. Colby (H)
77 Bartlett Road

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

6 9 1854
(Month) (Day) (Year)

8 AGE

57 yrs. 1 mo. 4 ds. or LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Holliston Mass.

11 NAME OF FATHER

Joseph Y. Hawes

12 BIRTHPLACE OF FATHER (State or country)

Unknown

13 MAIDEN NAME OF MOTHER

Unknown

14 BIRTHPLACE OF MOTHER (State or country)

Unknown

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Benj. L. Colby
Thurmap Mass.

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

13 8 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

July 6, 1911, to July 5, 1911, that I last saw her alive on July 13, 1911, and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH was as follows:

Angina Pectoris
Arteriosclerosis of Coronary Arteries

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Charles L. Jones, M.D.
114 1911 (Address) Thurmap Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Good Lawn

July 16, 1911

20 UNDERTAKER

ADDRESS

H. C. Skaggs

Thurmap

N. B.— Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., (*tubercle*, *Sarcina*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated, unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asplenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Triennia," "Weakness," etc. When a definite disease can be ascertained as the cause, always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Esposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. *72* *Bourdon* St.;

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Maria Baker

[If married or divorced woman or widow give maiden name, also name of husband.]

Henry B. Baker

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widowed

7 DATE OF BIRTH

6 (Month) *5* (Day) *1891* (Year)

8 AGE

80 yrs. *1* mo. *17* ds. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work...

At home

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Pembroke Mass.

11 NAME OF FATHER

Edward Drake

12 BIRTHPLACE OF FATHER (State or country)

Plymouth Mass.

13 MAIDEN NAME OF MOTHER

Mary Pratt Coy

14 BIRTHPLACE OF MOTHER (State or country)

Plymouth Mass.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Arthur B. Baker

(Address)

177 Pauline St.

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July (Month) *22* (Day) *1911* (Year)

17 I HEREBY CERTIFY that I attended deceased from

July 15, 1911, to *July 22*, 1911, that I last saw him alive on *July 22*, 1911,

and that death occurred, on the date stated above, at *10 P.M.*

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) yrs. mos. *2* ds.

Contributory (SECONDARY)

Acute gastric enteritis

(Duration) yrs. mos. *7* ds.

(Signed)

O. Galunson

M.D.

July 24, 1911 (Address) *Winthrop Mass.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Cem. *7-26, 1911*

20 UNDERTAKER

ADDRESS

H.C. Briggs *Winthrop*

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningis, peritonaeum, etc., (*carcinoma, Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc. When a definite disease can be ascertained as the cause, always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop Metcalf Hospital

St. ; Ward)

Winthrop
(City or town)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Warren A. Stockwell

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

114 Lincoln St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Child

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

If LESS than 1 day, hrs.

1 yrs. 6 mos. ds. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Child

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Winthrop Mass

10 NAME OF FATHER

Joseph Marie Stockwell

11 BIRTHPLACE OF FATHER (State or country)

East Boston

12 MAIDEN NAME OF MOTHER

Clara Spaulding

13 BIRTHPLACE OF MOTHER (State or country)

Clinton Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

C. R. Bennett
159 Winthrop St

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July 22, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Asphyxiation caused by being accidentally buried beneath a falling body

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

George Eugene Maguire, M.D.

July 22, 1911

(Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop

DATE OF BURIAL

July 22, 1911

20 UNDERTAKER

C. R. Bennett 159 Winthrop St

ADDRESS

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningis, peritonaeum, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Broncho-pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Traemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Strangulation*, *Esposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Skidmore (No. *28 Thornton Park St.*)

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Joshua S. Emery

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

28 Thornton Park Skidmore

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

M

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

(Month)

(Day)

(Year)

8 AGE

If LESS than 1 day, hrs.

54 yrs. 6 mos. 19 ds. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Com. Merchant.

(b) General nature of industry, business, or establishment in which employed (or employer).

Finist.

10 BIRTHPLACE

(State or country)

Dorchester Mass.

11 NAME OF FATHER

Stephen

12 BIRTHPLACE OF FATHER

(State or country)

Chatham Mass.

13 MAIDEN NAME OF MOTHER

Rebecca Harding

14 BIRTHPLACE OF MOTHER

(State or country)

Chatham Mass.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Emma S. Emery

(Address)

28 Thornton Park Skidmore

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July

(Month)

24 (Day)

1911 (Year)

I HEREBY CERTIFY that I attended deceased from *July 22*, 1911, to *July 24*, 1911, that I last saw him alive on *July 23*, 1911, and that death occurred, on the date stated above, at *5 am*.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration)

yrs.

mos.

4 ds.

Contributory (SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

Wm. C. Shaggett

M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death

yrs.

mos.

ds.

In the State

yrs.

mos.

ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

18 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Wood Lawn

7-26, 1911

19 UNDERTAKER

ADDRESS

W. C. Shaggett in house

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Starcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated, unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asaemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH—1911.

CITY OF
BOSTON.FULL NAME Brickley Lawrence J Registered No. 7264Place of Death } Boston
and Residence } Boston Consumptive's HospitalDate of Death July 28 1911. Age 44 years months days.

STATISTICAL DETAILS.

SEX M COLOR W SINGLE, MARRIED, WID., DIV. S

Maiden Name.....

Husband's Name.....

Birthplace Boston, MassName of Father William BrickleyBirthplace of Father IrelandMaiden Name of Mother Bessie ScannellBirthplace of Mother IrelandOccupation Pressman

Informant.....

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1911, to 1911,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } Pul Tuberculosis
(Duration)Contributory: } Tuberc Dorsalis
(Duration)(Signed) Francis P. McCarthy M.D.July 28 1911

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial or removal Holy Cross MaldenUsual Residence 131 Circuit Rd Winthrop MassUndertaker R J BurkeFiled Aug 1 1911A true copy.
Attest:*EWM Glenen*

Registrar.

July 28, 1911



The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. 31, North Ave. St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Ralph M. Cunningham
Newark N.J.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

7 DATE OF BIRTH

November 21, 1909
(Month) (Day) (Year)

8 AGE

1 yrs. 5 mos. 4 ds. or min.?

If LESS than 1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE (State or country)

11 NAME OF FATHER

Ralph M. Cunningham

12 BIRTHPLACE OF FATHER (State or country)

Union Maine

13 MAIDEN NAME OF MOTHER

Grace Ledger

14 BIRTHPLACE OF MOTHER (State or country)

Hartford Conn.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Ralph M. Cunningham
Newark N.J.

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 31st, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from July 30th, 1911, to July 31st, 1911, that I last saw him alive on July 30th, 1911, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH was as follows:

Cerebro Spinal Meningitis

(Duration) yrs. mos. 3 ds.

Contributory (SECONDARY)

Marasmus

(Duration) yrs. mos. 1 ds.

(Signed)

Brainard Andrews, M.D.

July 31st, 1911 (Address) 687 Winthrop Ave.

If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Newark N.J.

Aug 1st, 1911

19 UNDERTAKER

ADDRESS

Walter S. White Newark

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Trauma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Strangulation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

PLACE OF DEATH

Winthrop

(No.

80 Putnam

St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

Sarah Ann Diggins wife of Patrick Diggins

[If married or divorced woman or widow give maiden name, also name of husband.]

RESIDENCE

80 Putnam

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE,

MARRIED,

WIDOWED,

OR DIVORCED

(Write the word)

Married

6 DATE OF BIRTH

March

17

1880

(Month)

(Day)

(Year)

7 AGE

61 yrs. 4 mos. 16 ds.

If LESS than

1 day, hrs.

or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE

(State or country)

St. Johns Newfoundland

10 NAME OF FATHER

John Clark

11 BIRTHPLACE OF FATHER (State or country)

St. Johns Newfoundland

12 MAIDEN NAME OF MOTHER

Elizabeth Hogan

13 BIRTHPLACE OF MOTHER (State or country)

St. Johns Newfoundland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Margaret S. Diggins

(Address)

80 Putnam St.

15 Filed

1911

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug 3d

(Month)

(Day)

1911 (Year)

17 I HEREBY CERTIFY that I attended deceased from

July

1908, to

Aug 3d

1911,

that I last saw him alive on

Aug 2d

1911,

and that death occurred, on the date stated above, at 2.45 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Aug 3d

1911

(Address)

B. M. D. Wm. M. D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death

yrs.

mos.

ds.

In the State

yrs.

mos.

ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cemetery, Woburn

Aug 5, 1911

20 UNDERTAKER

ADDRESS

Frederick A. Magrath East Boston

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), ^{29 ds.}; *Broncho-pneumonia* (secondary), ^{10 ds.} Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Execution*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Shirley (No 237 Shirley St.;

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

237 Shirley St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

M

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

10 15 1891
(Month) (Day) (Year)

8 AGE

If LESS than 1 day, hrs.

71 yrs. 9 mos. 15 ds. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Mechanic, Groceries

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Shirley N.H.

11 NAME OF FATHER

Jonas White

12 BIRTHPLACE OF FATHER (State or country)

Nelson, N.H.

13 MAIDEN NAME OF MOTHER

Margaret Clark

14 BIRTHPLACE OF MOTHER (State or country)

Bellingham Mass.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

A. E. White
237 Shirley St.

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

August

3

(Day)

1911

(Year)

I HEREBY CERTIFY that I attended deceased from

1909 to Aug 3, 1911, that I last saw him alive on Aug 3, 1911, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) 3 yrs. mos. ds.

Contributory (SECONDARY)

Arterio sclerosis

(Duration) yrs. mos. ds.

(Signed)

Aug 3, 1911 (Address) White St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

18 PLACE OF BURIAL OR REMOVAL

Shirley Cem.

DATE OF BURIAL

Aug 5, 1911

19 UNDERTAKER

ADDRESS

Thos. E. McLaughlin

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Steel engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Term laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never re-port "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., (*Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meesles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asplenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PURE PERAL septicæmia," "PUREPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Pressure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement, it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritonæum, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

THE COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Mable Gertrude Broughton Roche* Registered No. _____
 Place of Death* *Metcalf Hospital Winthrop* Date of Death *Aug 5* 19*11*
 Residence *36 Bellows Ave. Winthrop* Age *29* years *2* months *24* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <i>F</i>	COLOR <i>W</i>	<input checked="" type="checkbox"/> SINGLE, MARRIED, <input type="checkbox"/> WIDOWED, OR <input type="checkbox"/> DIVORCED
MAIDEN NAME† <i>Mable Gertrude Broughton</i>		
HUSBAND'S NAME† <i>Arthur C. Roche</i>		
BIRTHPLACE‡ <i>Malden Mass.</i>		
NAME OF FATHER <i>William T. Broughton</i>		
BIRTHPLACE OF FATHER‡ <i>Providence R.I.</i>		
MAIDEN NAME OF MOTHER <i>Frances T. James</i>		
BIRTHPLACE OF MOTHER‡ <i>Providence R.I.</i>		
OCCUPATION <i>House Wife</i>		
INFORMANT§ <i>Arthur C. Roche</i>		

I HEREBY CERTIFY that I attended deceased during last illness, from *July 31* 19*11* to *Aug 5* 19*11*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Small acute obstruction of intestine*
Unknown disease (DURATION) *5* DAYS

Contributory: _____ (DURATION) _____ DAYS

(Signed) *B. J. Metcalf* M.D.
Aug 5 19*11* (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months *2* days

Where was disease contracted, if not at place of death? *36 Bellows Ave Winthrop Mass*

Filed _____ 19 _____ Clerk

PLACE OF BURIAL OR REMOVAL <i>Stoughton Conn.</i>	DATE OF BURIAL <i>Aug 5th</i> 19 <i>11</i>
UNDERTAKER <i>Chas R. Bennisson</i>	ADDRESS <i>Winthrop</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK. - THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. *31 Hawthorne*)

St. ;

Ward)

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Joseph Wharff Osgood

3 RESIDENCE

31 Hawthorne Street

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

married

6 DATE OF BIRTH

June
(Month)

22
(Day)

1881
(Year)

7 AGE

60 yrs.

1 mos.

17 ds.

If LESS than 1 day, ... hrs. or ... min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Manager

(b) General nature of industry, business, or establishment in which employed (or employer)

Wholesale Beef Co

9 BIRTHPLACE
(State or country)

Boston Mass

10 NAME OF FATHER

Stephen Osgood

11 BIRTHPLACE OF FATHER
(State or country)

Gardner Me

12 MAIDEN NAME OF MOTHER

Mahaley Wharff

13 BIRTHPLACE OF MOTHER
(State or country)

Gardner Me

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Ann E. Osgood

(Address)

31 Hawthorne

15

Filed

1911

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug. 9th
(Month) (Day) (Year)

17

I HEREBY CERTIFY that I attended deceased from

1905, to *Aug 19th* 1911,

that I last saw him alive on *Aug 19th* 1911,

and that death occurred, on the date stated above, at *11 p.m.*

The CAUSE OF DEATH* was as follows:

Renal insufficiency

(Duration) ... yrs. ... mos. ... ds.

Contributory
(SECONDARY)

Chronic Brights

(Duration) *6* yrs. ... mos. ... ds.

(Signed)

J. Stewart Lyman, M.D.
Aug 11, 1911 (Address) *Revere*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop Cemetery

DATE OF BURIAL

Aug 12 1911

20 UNDERTAKER

E. A. Benson

ADDRESS

Winthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Trail engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Korean*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Trauma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *E-cposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wintthrop

(No. 05, Summit Ave St., Ward)

3593
Wintthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Anna B. Stanley

[If married or divorced woman or widow give maiden name, also name of husband.]

Crommatt Geo. C.

3 RESIDENCE

05 Summit Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widowed

6 DATE OF BIRTH

5-2-1880
(Month) (Day) (Year)

7 AGE

61 yrs. 3 mos. 8 ds. or min. ?

If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Maine

10 NAME OF FATHER

Geo. Crommatt

11 BIRTHPLACE OF FATHER (State or country)

Maine

12 MAIDEN NAME OF MOTHER

Betsy Turner

13 BIRTHPLACE OF MOTHER (State or country)

Maine

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Nettie Stanley

(Address)

59 Summit Ave.

15

Filed, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug. 10, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural causes:
pernicious anaemia -
Exhaustion

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Dr. Bayard D. Smith
Aug 11, 1911 (Address)

M.D.

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Wintthrop Cem.

5-2-1911

20 UNDERTAKER

ADDRESS

H. C. Ashman

Wintthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., (*tubercle*, *Subcon*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Triennia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Reinforced wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. 18 Marshall

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Winthrop
(City or town.)

2 FULL NAME

Anna E. Corbett

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

18 Marshall Street, Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

female

5 COLOR OR RACE

white

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

single

7 DATE OF BIRTH

July 8, 1871
(Month) (Day) (Year)

8 AGE

40 yrs. 1 mos. 9 ds. or min. ?

If LESS than 1 day.....hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Brookline, Mass

11 NAME OF FATHER

William Corbett

12 BIRTHPLACE OF FATHER (State or country)

Boston, Mass

13 MAIDEN NAME OF MOTHER

Jane Ray

14 BIRTHPLACE OF MOTHER (State or country)

Boston Mass

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Harriet F. Dennis

(Address)

Winthrop, Mass

16

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

August 17, 1911
(Month) (Day) (Year)

18 I HEREBY CERTIFY that I attended deceased from

Aug 1, 1911, to Aug 17, 1911, that I last saw him alive on Aug 16, 1911, and that death occurred, on the date stated above, at 9 a m

The CAUSE OF DEATH* was as follows:

Permeious Anaemia

(Duration) 3 yrs. — mos. — ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Aug 17, 1911 (Address) O. Johnson M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

20 PLACE OF BURIAL OR REMOVAL

Woodlawn Cemetery - Melrose

DATE OF BURIAL

Aug 17, 1911

21 UNDERTAKER

Shawmut Bros

ADDRESS

Boston

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Stricture*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wintuope

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Wintuope

(No. 283

Court Road

St.

Ward)

2 FULL NAME

Harriet C. Walker

[If married or divorced woman or widow give maiden name, also name of husband.]

Gresne

Wm. F.

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F.

5 COLOR OR RACE

W.

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

7 DATE OF BIRTH

June

20

1830

8 AGE

81 yrs. 1 mos. 29 ds.

If LESS than 1 day, hrs.

or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work...

At home.

(b) General nature of industry, business, or establishment in which employed (or employer)...

10 BIRTHPLACE (State or country)

Countryside R.I.

11 NAME OF FATHER

Charles Gresne.

12 BIRTHPLACE OF FATHER (State or country)

R.I.

13 MAIDEN NAME OF MOTHER

Maria Sweet.

14 BIRTHPLACE OF MOTHER (State or country)

R.I.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

W. W. Walker

(Address)

283 Court Road

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Aug

19

1911

I HEREBY CERTIFY that I attended deceased from

June 17, 1911, to Aug 19, 1911, that I last saw her alive on Aug 18, 1911,

and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) 1 yrs. — mos. — ds.

Contributory (SECONDARY)

Old age

(Duration) yrs. mos. ds.

(Signed)

Geo H. Fernald, M.D.

Aug 20, 1911 (Address) 233 Plum St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Cooper's Corner

DATE OF BURIAL

Aug 22, 1911

20 UNDERTAKER

E. G. BROWN & SON,

ADDRESS

Wintuope.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonitis, etc., (*uræmic*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthemia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Execution*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wintrop Mass

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Wintrop Mass (No. *31 Coral av.*)

St.

Ward)

2 FULL NAME

Ephraim Cohen

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

31 Coral av. Wintrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

69 yrs. *9* mos. *ds.*

If LESS than 1 day, hrs.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

Merchant

9 BIRTHPLACE (State or country)

Russia

10 NAME OF FATHER

Isiah Cohen

11 BIRTHPLACE OF FATHER (State or country)

Russia

12 MAIDEN NAME OF MOTHER

Stella Sabir

13 BIRTHPLACE OF MOTHER (State or country)

Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Frank C. Cohen
451 Commercial St. W.

15 DATE OF DEATH

Aug

(Month)

20

(Day)

1911

(Year)

17

I HEREBY CERTIFY that I attended deceased from

July

1911

Aug 20

1911

that I last saw him alive on *Aug 19*, 1911,

and that death occurred, on the date stated above, at *8:25 am*

The CAUSE OF DEATH* was as follows:

Ulcer of stomach
Haemorrhage

(Duration)

6 yrs. *6* mos. *ds.*

Contributory (SECONDARY)

(Duration)

6 hrs mos. *ds.*

(Signed)

Aug 20, 1911

B. M. M. W. M. M.

M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death

yrs. mos. ds.

In the

State

yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Belshraael cemetery
next Red meal

DATE OF BURIAL

August 21, 1911

20 UNDERTAKER

ADDRESS

3 Baldwin St
Boston

Filed

191

REGISTRAR

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., (*carcinoma, Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wintthrop

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Wintthrop (No. *58 Orlando Ave.* St.;

Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Frank C. Alger.

3 RESIDENCE

58 Orlando Ave. Wintthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

M.

5 COLOR OR RACE

W.

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

7 DATE OF BIRTH

Dec. 19, 1877
(Month) (Day) (Year)

8 AGE

33 yrs. *8* mos. *2* ds. or min. ?

If LESS than 1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Book keeper.

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE

(State or country)

Cingham Mass.

11 NAME OF FATHER

Charles H.

12 BIRTHPLACE OF FATHER (State or country)

W. Bridgewater Mass.

13 MAIDEN NAME OF MOTHER

Catharine Higgins

14 BIRTHPLACE OF MOTHER (State or country)

Unknown.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Geo. H. Townsend

(Address)

58 Orlando Ave.

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Aug. 21, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from *Aug 13th*, 1911, to *Aug 21*, 1911, that I last saw him alive on *Aug 21*, 1911, and that death occurred, on the date stated above, at *4 P.m.*

The CAUSE OF DEATH* was as follows:

Hemorrhage from Bronchi.

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

Injury to chest from fall three weeks ago.

(Duration) yrs. mos. ds.

(Signed)

H. A. Morrison

M.D.

Aug. 22, 1911

(Address) *80 Princeton St.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

Wintthrop for years

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cingham Mass.

Aug. 23, 1911.

20 UNDERTAKER

ADDRESS

E. G. BROWN & SON.

Wintthrop

N. B. — Every item of information should be fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., (*Uremia*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashen," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Asphyxia*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Wintrop mass.

(No.)

St. ;

Ward)

2 FULL NAME

Baby Berman

[If married or divorced woman or widow give maiden name, also name of husband.]

4 RESIDENCE

27 President ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Single

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

If LESS than 1 day, hrs.

ys.

mos.

ds.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE

(State or country)

Wintrop mass

10 NAME OF FATHER

Charles Berman

11 BIRTHPLACE OF FATHER
(State or country)

Russia

12 MAIDEN NAME OF MOTHER

millie philips

13 BIRTHPLACE OF MOTHER
(State or country)

new york city

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Father 27 President ave

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug. 20.

(Month)

(Day)

1911 (Year)

17

I HEREBY CERTIFY that I attended deceased

Aug 20th 1911

to

1911

that I last saw him alive on

1911

and that death occurred, on the date stated above, at

m.

The CAUSE OF DEATH* was as follows:

Still Born

(Duration)

ys.

mos.

ds.

Contributory.
(SECONDARY)

(Duration)

ys.

mos.

ds.

(Signed)

J. P. Peters

M.D.

Aug 22 1911

(Address)

Wintrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death

ys.

mos.

ds.

In the

State

ys.

mos.

ds.

Where was disease contracted, If not at place of death?

Former or usual residence

27 President ave

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Wintrop

aug 27 1911

Jacob Stambly

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never re-*port* "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Muscles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mæsles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Irritation," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH—1911.

CITY OF
BOSTON.FULL NAME Anna Williams Registered No. 8130Place of Death } Boston Hillside Hospt.
and Residence }Date of Death Aug. 26 1911. Age _____ years _____ months _____ days. 6

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

F W S

Maiden Name.....

Husband's Name.....

Birthplace BostonName of Father Fred WilliamsBirthplace of Father Bangor, Me.Maiden Name of Mother Anna GibbinsBirthplace of Mother New York, N.Y.

Occupation.....

Informant.....

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1911, to 1911,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Multiple hemorrhages, nose,
mouth, intestinal tracts -6 daysContributory: } Inanition - 6 days
(Duration)T H Maguire

(Signed)..... M.D.

Aug. 26

1911.

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial
or removal.....Mt. Hope

Usual Residence.....

Winthrop

Undertaker.....

C. E. Colbert & Son

Filed.....

Aug. 29

1911

A true copy.
AttestEWM Glenen

Registrar.

Aug. 26, 1911

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

PLACE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband]

RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

DATE OF DEATH

DATE OF BIRTH

AGE

If LESS than 1 day, hrs.

or min. ?

OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

BIRTHPLACE
(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

FILED

191

REGISTRAR

I HEREBY CERTIFY that I attended deceased from Aug 27th, 1911, to Aug 28th, 1911, that I last saw her alive on Aug 28th, 1911, and that death occurred, on the date stated above, at 10 p.m.

The CAUSE OF DEATH* was as follows:

Appendicitis (Gangrenous) operation. Paralysis of Rectum Centre.

(Duration) yrs. mos. ds.

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

(Address)

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death? 67 Centre St Woburn St

Former or usual residence 67 Centre St Woburn St

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Portman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

WHITE PLAIN, WITH UNFADING INK THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Melrose Hospital

(No

Winthrop

St.;

Ward)

2 FULL NAME

Francisca Bernice Murphy

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

35 Moore St Winthrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE,

MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

Sept.

(Month)

26

(Day)

1893

(Year)

7 AGE

18

yrs.

11

mos.

5

ds.

If LESS than 1 day, hrs.

or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

Book Keeper

9 BIRTHPLACE

(State or country)

Windsor VT

10 NAME OF FATHER

William

11 BIRTHPLACE OF FATHER

(State or country)

Putney VT

12 MAIDEN NAME OF MOTHER

Sarah A. Coonerty

13 BIRTHPLACE OF MOTHER

(State or country)

Albany VT

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Catherine. Sears

(Address)

35 Moore St

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept.

(Month)

1st

(Day)

1911

(Year)

17

I HEREBY CERTIFY that I attended deceased from

Aug 29, 1911, to Sept. 1st, 1911,

that I last saw her alive on *the 1st of Sep.*, 1911,

and that death occurred, on the date stated above, at *3 P.* m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) yrs. mos. *3* ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

H. Porter

M.D.

Sept. 29, 1911 (Address) Winthrop

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

of death

yrs. mos. *8* ds. In the State *18* yrs. mos. ds.

Where was disease contracted, if not at place of death?

Lewis Bk. Winthrop

Former or usual residence

35 Moore St, Winthrop, Mass.

19 PLACE OF BURIAL OR REMOVAL

Lowell Mass

DATE OF BURIAL

Sept 4, 1911

20 UNDERTAKER

C R Bennett

ADDRESS

Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *teratoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; (*Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *K-posure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH—1911.

CITY OF
BOSTON.FULL NAME Ruth Daily Registered No. 9678Place of Death } Boston Childrens Hospt.
and Residence }Date of Death Sept. 2nd. 1911, Age 6 years 10 months 16 days.

STATISTICAL DETAILS.

SEX F COLOR W SINGLE, MARRIED, WID., DIV. S

Maiden Name.....

Husband's Name.....

Birthplace Waterbury, Conn.Name of Father Charles H. DailyBirthplace of Father Waterbury, Conn.Maiden Name of Mother Nellie CodyBirthplace of Mother Waterbury, Conn.Occupation School girl

Informant.....

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from.....1911, to.....1911,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Burns (accidental hot water
burns) 47 daysContributory: } Nephritis - 45 days
(Duration)(Signed) J. W. J. Marion M.D.

1911

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

In hospital 47 daysPlace of Burial
or removal.Winthrop "Winthrop Cem."Usual Residence Winthrop (337 Shirley st)C R BennisonOct. 23

Undertaker.....

Filed.....

1911

A true copy.
Attest:EWM Glenane

Registrar.

Sept. 21 1911

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Waltham
BOSTON

1 PLACE OF DEATH

Metcalf Hospital (No. Waltham Street St. Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Isabel May Roberts

3 RESIDENCE

29 Mermaid Ave Waltham Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Dec 27, 1897 (Month) (Day) (Year)

7 AGE 14 yrs. 8 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Belfast Ireland

10 NAME OF FATHER

William Edward Roberts

11 BIRTHPLACE OF FATHER (State or country)

England

12 MAIDEN NAME OF MOTHER

Mary Sophie Bell

13 BIRTHPLACE OF MOTHER (State or country)

England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William E. Roberts

(Address) 29 Mermaid Ave Waltham

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept 15, 1911 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from June 12, 1911, to Sept 15, 1911, that I last saw her alive on Sept 15, 1911, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Perforated appendix operation
Streptococcus infection

(Duration) yrs. mos. 98 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Sept 18, 1911

(Address)

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 96 ds. In the State b yrs. mos. ds.

Where was disease contracted, if not at place of death? 29 Mermaid Ave Waltham

Former or usual residence 29 Mermaid Ave Waltham

19 PLACE OF BURIAL OR REMOVAL

Waltham Cemetery

DATE OF BURIAL

Sept 18, 1911

20 UNDERTAKER

C. R. Burman

ADDRESS

Waltham, Mass.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary steamman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic pulmonary heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), "9 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Strangulation*, *Disfigurement*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

CITY OF
BOSTON.

RETURN OF A DEATH—1911.

FULL NAME Peter Costello Registered No. 8870

Place of Death } Boston Hotel Venice, Hanover st.
and Residence }

Date of Death Sept. 18 1911. Age 45 years 2 months 14 days.

STATISTICAL DETAILS.

SEX M COLOR W SINGLE, MARRIED, WID., DIV. M

Maiden Name.....

Husband's Name.....

Birthplace..... QuincyName of Father..... John CostelloBirthplace of Father..... IrelandMaiden Name of Mother..... Bridget ConcannonBirthplace of Mother..... IrelandOccupation..... Musician

Informant.....

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1911, to 1911,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:

Poisoning by ill. gas
(suicidal)

Contributory: }
(Duration)

(Signed) G.B. Magrath, Med. Ex. M.D.

Sept. 20 1911

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial
or removal.

Winthrop "Winthrop Cem."

Usual Residence.....

Winthrop (Fort Banks)

Undertaker

W C Skaggs

Filed.....

Sept. 26

1911

Winthrop

A true copy.
Attest.

EWM Glenne

Registrar.



The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop

(No. *35 Waldemar ave.* St.

Ward)

2 FULL NAME

Harriet Anne Kenworthy

[If married or divorced woman or widow give maiden name, also name of husband.]

Harriet Anne. Hanson wife of Hubert

3 RESIDENCE

35 Waldemar avenue

Registered No. *Kenworthy*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

married

6 DATE OF BIRTH

Oct 30, 1870
(Month) (Day) (Year)

7 AGE

40 yrs. *11* mos. *12* ds. or *40* min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work *house wife*

(b) General nature of industry, business, or establishment in which employed (or employer) *at home*

9 BIRTHPLACE (State or country)

Huddersfield England

10 NAME OF FATHER

unknown Hanson.

11 BIRTHPLACE OF FATHER (State or country)

unknown

12 MAIDEN NAME OF MOTHER

unknown

13 BIRTHPLACE OF MOTHER (State or country)

unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Hubert Kenworthy*
(Address) *35 Waldemar ave*

15 DATE OF DEATH

Sept 18, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

July, 1911, to *Sept 15*, 1911,

that I last saw *her* alive on *Sept 15*, 1911,

and that death occurred, on the date stated above, at *11:00 a.m.*

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Contributory (SECONDARY)

Immense (Duration) yrs. mos. ds.
Severe labor
8 hours (Duration) yrs. mos. ds.

(Signed) *O. G. Johnson*, M.D.
Sept 20, 1911 (Address) *Winthrop*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop Cemetery

DATE OF BURIAL

Sept 20, 1911

20 UNDERTAKER

C. H. Benson

ADDRESS

Winthrop

Filed *1911*

REGISTRAR

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *Carcinoma*, *Struma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), ²⁹ *ds.*; *Broncho-pneumonia* (secondary), ¹⁰ *ds.* Never report mere symptoms or terminal conditions, such as "Assthemia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Syphilis*, *Eraposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

CITY OF
BOSTON.

RETURN OF A DEATH—1911.

FULL NAME Evelyn Ginepra Registered No. 8896

Place of Death } Boston
and Residence } Mass.Char.E. & E.Inf.

Date of Death Sept.21 1911. Age 18 years 9 months 27 days.

STATISTICAL DETAILS.

SEX F COLOR W SINGLE, MARRIED, WID., DIV. S

Maiden Name.....

Husband's Name.....

Boston

Birthplace.....

Name of
Father.....Charles S. GinepraBirthplace
of Father.....ItalyMaiden Name
of Mother.....Lyda VarneyBirthplace
of Mother.....Boston

Occupation.....

Stenographer

Informant.....

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from.....1911, to.....1911,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:

Primary
(Duration)

Rt.Otitis Media,supp.with
polypi-mastoiditis,etra-dural
abscess ? Brain abscess,pur.
Meningitis - 10 days

Contributory :
(Duration)F.P.Emerson

(Signed)..... M.D.

1911

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent
Residents.

Place of Burial
or removal.....Calvary

Usual Residence.....

Winthrop(135 Main st)

Undertaker.....

Porcella & Granara

Filed.....

Sept.27

1911

A true copy.

Attest:

EWM Glenen

Registrar.

The Commonwealth of Massachusetts

Winthrop
BOSTON

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 175 Somerset Ave St.)

Ward)

[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

2 FULL NAME

Annie Kapier Gribbon
[If married or divorced woman or widow
give maiden name, also name of husband.] Annie Kapier Milne - James Gribbon

3 RESIDENCE

175 Somerset Avenue

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female, white

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

widow

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

84

yrs. - mos. - ds.

If LESS than
1 day.....hrs.
or.....min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work,

Home

(b) General nature of industry,
business, or establishment in
which employed (or employer),9 BIRTHPLACE
(State or country)

Scotland

10 NAME OF
FATHER

Alexander Milne

11 BIRTHPLACE
OF FATHER
(State or country)

Scotland

12 MAIDEN NAME
OF MOTHER

Annie Bowie

13 BIRTHPLACE
OF MOTHER
(State or country)

Scotland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs Edna M. Metcalf

(Address)

175 Somerset Avenue

15

Filed....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept

(Month)

22

(Day)

1911

(Year)

17 I HEREBY CERTIFY that I attended deceased from

Sept. 20, 1911, to....., 1911,

that I last saw her alive on Sept. 20, 1911,

and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration)..... yrs. mos. 3 ds.

Contributory
(SECONDARY)

Senility

(Duration)..... yrs. mos. ds.

(Signed)

Dr. P. P. P.

M.D.

Sep. 22, 1911 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made
out by the Medical Examiner.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted,
if not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Peter's Hudson City N.J.

DATE OF BURIAL

1911

20 UNDERTAKER

M. J. Kelly

ADDRESS

49 Maverick St.
B. B.WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.
N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very
important. See instructions on back of certificate.N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very
important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—(*not mine*), etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., (*Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Eraposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

STANDARD CERTIFICATE OF DEATH

PLACE OF DEATH

Winthrop

(No. 55 Somerset Ave.

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

Kate Blake Stockbridge

[If married or divorced woman or widow give maiden name, also name of husband.]

Kate B. Edwell.

J. A. J. Stockbridge

RESIDENCE

Winthrop Mass.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

SEX

F.

COLOR OR RACE

W.

SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

married

DATE OF BIRTH

Sept.

23-

1858

(Month)

(Day)

(Year)

AGE

53 yrs.

- mos.

2 ds.

If LESS than
1 day,.....hrs.
or.....min.?

OCCUPATION

(a) Trade, profession, or particular kind of work.

at home.

(b) General nature of industry, business, or establishment in which employed (or employer).

BIRTHPLACE

(State or country)

Gloucester, Mass.

NAME OF FATHER

Andrew Edwell.

BIRTHPLACE OF FATHER

(State or country)

Gloucester, Mass.

MAIDEN NAME OF MOTHER

Mary Ann Daniels.

BIRTHPLACE OF MOTHER

(State or country)

Salem, Mass.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. A. J. Stockbridge

(Address)

Winthrop

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Sept

(Month)

25th

(Day)

1911

(Year)

I HEREBY CERTIFY that I attended deceased from

Sept 9th

, 1911, to

Sept 25th

, 1911,

that I last saw her alive on

Sept 25th

, 1911,

and that death occurred, on the date stated above, at

8.45^{am}.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration).....yrs.

mos.

14 ds.

Contributory
(SECONDARY)

Empyema c operation

(Duration)

yrs.

mos.

3 ds.

(Signed)

Sept 25th

, 1911

(Address)

Winthrop

M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

of death

yrs.

mos.

ds.

In the

State

yrs.

mos.

ds.

Where was disease contracted,
If not at place of death?

Former or

usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Rowley, Mass.

Sept. 27 1911

UNDERTAKER

ADDRESS

A. D. Sanborn.

Rowley, Mass.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, (*Composer*), *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Splinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Log laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, (*cook*), *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonæum, etc., (*varicella, Scarum*, etc., of.) (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile", etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Ivanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

Winthrop (No. *97 Locust*)

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Charles P. Whittle

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

97 Locust St. Winthrop.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

6 26 1841
(Month) (Day) (Year)

8 AGE

70 yrs. 3 mos. 11 ds.

If LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work. *Interior Store Fixtures*

(b) General nature of industry, business, or establishment in which employed (or employer) *Mfr. of Show cases*

10 BIRTHPLACE

(State or country) *Charlestown Mass.*

11 NAME OF FATHER

John Whittle

12 BIRTHPLACE OF FATHER

(State or country) *Halifax N.H.*

13 MAIDEN NAME OF MOTHER

Francis Stearns.

14 BIRTHPLACE OF MOTHER

(State or country) *Worcester Mass.*

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Albert P. Whittle*
(Address) *127 Butler Hill St. Boston*

Filed 191

REGISTRAR

16 DATE OF DEATH

Oct 7 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from *Aug 30*, 1911, to *Oct 7*, 1911, that I last saw him alive on *Oct 6*, 1911, and that death occurred, on the date stated above, at *6:30 A.M.*

The CAUSE OF DEATH* was as follows:

Myocarditis Endocarditis

Endocarditis for yrs.
Latent 2 yrs.
(Duration) yrs. mos. ds.

Contributory. *Old age and imbecility*
(SECONDARY) (Duration) yrs. mos. ds.

(Signed) *Hubert J. Gay*, M.D.
Oct 7, 1911 (Address) *1087 Boylston St.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death, yrs. mos. ds. In the State, yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Weymouth Cem.

DATE OF BURIAL

Oct 8 1911

20 UNDERTAKER

H.E. Skifford

ADDRESS

Winthrop

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Ship engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farmlaborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., *Carcinoma, Sarcoma, etc.*, of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 34 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. *92 Lincoln* St.)

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Annice E. Livingstone

[If married or divorced woman or widow give maiden name, also name of husband.]

McPherson (Geo. H.)

3 RESIDENCE

92 Lincoln St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

M

7 DATE OF BIRTH

9 10 16 7 1903
(Month) (Day) (Year)

8 AGE

48 yrs. — mos. *2* ds.

If LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

P. E. I.

11 NAME OF FATHER

Neal McPherson

12 BIRTHPLACE OF FATHER (State or country)

P. E. I.

13 MAIDEN NAME OF MOTHER

Margurite Ecker

14 BIRTHPLACE OF MOTHER (State or country)

P. E. I.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Geo. H. Livingstone
(Address) *92 Lincoln St.*

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct 7th 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

July, 1911, to *Oct 7th*, 1911, that I last saw him alive on *Oct 7th*, 1911, and that death occurred, on the date stated above, at *5 p.m.*

The CAUSE OF DEATH* was as follows:

Spine leucemia

(Duration) *1* yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) *B. M. M. M.D.*

Oct 8th 1911 (Address) *W. M. M.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Cem *10 10 1911*

20 UNDERTAKER

ADDRESS

W. C. Skaggs *Winthrop*

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manger," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tubercu-*

losis of lungs, meningitis, peritonitis, etc., (carcinoma, Sarcoma, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ec-poseure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

CHELSEA

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Chelsea

(No. Frost Hospital

St. ; Ward)

2 FULL NAME

Katherine Agnes Doherty

[If married or divorced woman or widow give maiden name, also name of husband.]

Katherine Agnes Sullivan - Thomas F. Doherty

3 RESIDENCE

129 Main St., Winthrop, Mass.

Registered No. 636

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Widowed

6 DATE OF BIRTH

January 28 1878
(Month) (Day) (Year)

7 AGE

33 yrs. 8 mos. 17 ds.

If LESS than 1 day,.....hrs. or.....min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Boston, Mass.

10 NAME OF FATHER

Patrick Sullivan

11 BIRTHPLACE OF FATHER (State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Mary A. Cotter

13 BIRTHPLACE OF MOTHER (State or country)

Boston, Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed Oct. 13 1911

REGISTRAR

16 DATE OF DEATH

October 12 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct. 9 1911, to Oct. 12 1911, that I last saw her alive on Oct. 12 1911, and that death occurred, on the date stated above, at 2 P.m.

The CAUSE OF DEATH* was as follows:

Thrombosis of Pulmonary Vein following appendicitis

(Duration) --- yrs. --- mos. 2 ds.

Contributory (SECONDARY)

(Duration) --- yrs. --- mos. --- ds.

(Signed) H. E. Bragdon, M.D.
Oct. 12 1911 (Address) East Boston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death --- yrs. --- mos. --- ds. In the State --- yrs. --- mos. --- ds.

Where was disease contracted, --- If not at place of death ? ---

Former or usual residence ---

19 PLACE OF BURIAL OR REMOVAL Holy Cross, Malden

DATE OF BURIAL Oct. 15 1911

20 UNDERTAKER Fred'k A. Magrath

ADDRESS East Boston

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., (*Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchio-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Stricture*, *Intoxication*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

1 PLACE OF DEATH

Winthrop

(No. 37

Dolphin

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Charlotte M. Scanlon

[If married or divorced woman or widow give maiden name, also name of husband.]

Charlotte M. Wilson

3 RESIDENCE

37 Washington St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

female

5 COLOR OR RACE

white

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

April 4 1896

(Month)

(Day)

, 1

(Year)

8 AGE

35

yrs.

mos.

ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Boston Mass.

PARENTS

11 NAME OF FATHER

Wm. J. Wilson

12 BIRTHPLACE OF FATHER (State or country)

New York

13 MAIDEN NAME OF MOTHER

Alice E. Gibbons

14 BIRTHPLACE OF MOTHER (State or country)

Boston Mass.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

T. J. Sullivan

(Address)

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Oct.

(Month)

17

(Day)

1911

(Year)

18 I HEREBY CERTIFY that I attended deceased from

Oct. 15, 1911, to Oct. 17, 1911,

that I last saw him alive on Oct. 17, 1911,

and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Arterio-sclerosis

(Duration) yrs. mos. ds.

(Signed)

T. J. Sullivan

M.D.

Oct. 17, 1911 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death? Unknown

Former or usual residence 37 Dolphin St., Winthrop

20 PLACE OF BURIAL OR REMOVAL

Old Dorchester

DATE OF BURIAL

1911

21 UNDERTAKER

T. J. Sullivan

ADDRESS

629 4th St. South Boston

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Kanin laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic vesicular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winsthop

(No. 22

Wave Way Ave

St. :

Ward)

Winsthop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Mrs Mary Kathryn Reinhart

[If married or divorced woman or widow give maiden name, also name of husband.]

Rts.

3 RESIDENCE

22 Wave Way Ave

Alfred

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

White

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

6

3

1854

(Month)

(Day)

(Year)

7 AGE

57 yrs.

4 mos.

17 ds.

If LESS than 1 day,..... hrs.

or..... min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.....

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

9 BIRTHPLACE

(State or country)

N.J.

10 NAME OF FATHER

Geo. Rose

11 BIRTHPLACE OF FATHER (State or country)

N.J.

12 MAIDEN NAME OF MOTHER

May Smith

13 BIRTHPLACE OF MOTHER (State or country)

N.J.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Alfred Reinhart

(Address)

22 Wave Way Ave

Filed

1911

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct 21

(Month)

(Day)

1911

(Year)

16 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

.....(Duration)..... yrs. mos. ds.

Contributory (SECONDARY)

.....(Duration)..... yrs. mos. ds.

(Signed)

W. H. Lathrop

M.D.

Oct 21, 1911

(Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death ?

Former or usual residence

18 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Crematorium N.J.

10-23, 1911

19 UNDERTAKER

ADDRESS

Thos. J. Shaffer

Winsthop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Vinthrop

(No. *146 Cliff Ave*

St. ;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Daniel H. Farney

3 RESIDENCE

Vinthrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

Dec 5

(Month)

(Day)

(Year)

7 AGE

60 yrs. 10 mos. 17 ds.

If LESS than 1 day, hrs.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

Whisman & Son

9 BIRTHPLACE (State or country)

Boston Mass

10 NAME OF FATHER

Samuel P. Farney

11 BIRTHPLACE OF FATHER (State or country)

Boston Mass

12 MAIDEN NAME OF MOTHER

Mary A Smith

13 BIRTHPLACE OF MOTHER (State or country)

Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

*146 Cliff Ave
Vinthrop Mass*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct 22

(Month)

(Day)

(Year)

I HEREBY CERTIFY that I attended deceased from

June, 1911, to *Oct 22nd*, 1911, that I last saw him alive on *Oct 22nd*, 1911, and that death occurred, on the date stated above, at *11:45* a.m.

The CAUSE OF DEATH* was as follows:

*General arterio-sclerosis
Cerebral Haemorrhage.*

(Duration) *1* yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Oct 25, 1911

(Address)

Vinthrop Mass

M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

17 PLACE OF BURIAL OR REMOVAL

W. Endover

DATE OF BURIAL

Oct 25, 1911

18 UNDERTAKER

W. W. Kelly & Son

ADDRESS

Lowell Mass

Filed

191

REGISTRAR

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Turner (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningis, peritonaeum, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ectopure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Worcester
(City or town.)

1 PLACE OF DEATH

Worcester Mass (No. *171* *Shore Drive* St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Almira Sheriff Tuckerman
[If married or divorced woman or widow give maiden name, also name of husband.] *Widow of Samuel Cary Tuckerman*

3 RESIDENCE

171 Shore Drive Worcester Mass.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Widow

7 DATE OF BIRTH

Jan (Month) *4* (Day), *1840* (Year)

8 AGE

70 yrs. *9* mos. *21* ds. or min.?

If LESS than 1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

none

(b) General nature of industry, business, or establishment in which employed (or employer).

none

10 BIRTHPLACE

(State or country)

Cambridge Mass

11 NAME OF FATHER

John Langdon Sheriff

12 BIRTHPLACE OF FATHER

(State or country)

Exeter N. H.

13 MAIDEN NAME OF MOTHER

Eleanor Maria Fellow

14 BIRTHPLACE OF MOTHER

(State or country)

Uxbridge Mass

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

57 W. Main St. Worcester

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct 25 (Month) (Day), *1911* (Year)

17 I HEREBY CERTIFY that I attended deceased from

1909, 1911, to *October 25*, 1911.

that I last saw him alive on *Oct. 24*, 1911,

and that death occurred, on the date stated above, at *8* a.m.

The CAUSE OF DEATH* was as follows:

General Muscular atrophy

(Duration) *3* yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Oct 26, 1911

(Address)

Worcester

M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Fresh Hills Cemetery

Oct 27, 1911

20 UNDERTAKER

ADDRESS

Chas. H. Benson

Worcester

Filed

1911

REGISTRAR

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Team laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthénia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ectoposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Gloicester
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

RESIDENCE

(No.

St.;

Ward)

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

DATE OF BIRTH

AGE

If LESS than
1 day,..... hrs.
or..... min.?

OCCUPATION

(a) Trade, profession, or particular kind of work,

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY that I attended deceased from

that I last saw h..... alive on

and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH* was as follows:

Contributory
(SECONDARY)

(Signed)

Oct. 27, 1911

(Address)

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Steel engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Korean*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPARTAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop (No. 3 Locust St.; Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

m

4 COLOR OR RACE

w

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

married

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

If LESS than 1 day, hrs.

51 yrs. mos. ds. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Telegrapher

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Boston

PARENTS

10 NAME OF FATHER

John Gillespie

11 BIRTHPLACE OF FATHER (State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Mary Linn

13 BIRTHPLACE OF MOTHER (State or country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary M. Gillespie (Address) 324 Forest St.

Filed 121

REGISTRAR

16 DATE OF DEATH

Oct 31, 1911 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

1909, 1911, to Oct 31, 1911

that I last saw him alive on Oct 31, 1911

and that death occurred, on the date stated above, at 11 pm.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) 3 yrs. mos. ds.

Contributory (SECONDARY) Pleurisy & Effusion

(Duration) yrs. 2 mos. ds.

(Signed) J. M. Rutledge, M.D.

1911 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Old Calvary Nov. 3, 1911

20 UNDERTAKER

ADDRESS

J. J. Linn 120 H. St.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement, it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Esposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

3699

Winthrop
(City or town.)

1 PLACE OF DEATH

Winthrop

(No. *Metcalf Hospital* St. ; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Anita Jaeger

Anita Ottile Jaeger

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

38 Forest St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

7 DATE OF BIRTH

Nov

24

1911

(Month)

(Day)

(Year)

8 AGE

43

yrs.

11

mos.

10

ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Chicago Ill

11 NAME OF FATHER

Ernst Ludwig Jaeger

12 BIRTHPLACE OF FATHER

(State or country)

Germany

13 MAIDEN NAME OF MOTHER

Ottile Maria Barbara Kauter

14 BIRTHPLACE OF MOTHER

(State or country)

Germany

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

E. A. Jaeger

(Address)

Winthrop

Filed

1911

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov. 4

1911

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Pistol shot wound of the Head, homicidal.

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

George Burger Magrath, M.D.

Nov. 4

1911

(Address)

3358

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death, yrs. mos. ds. In the State, yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Winthrop

DATE OF BURIAL

Nov. 6, 1911

20 UNDERTAKER

E. A. Jaeger

ADDRESS

Winthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death); 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop

(No. *Metcalf Hospital* St.;

Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Olly Jaeger

Amalie Ottilie Josephine Jaeger

3 RESIDENCE

38 Forest St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Single

6 DATE OF BIRTH

May
(Month)

9
(Day)

1906
(Year)

7 AGE

5 yrs. *5* mos. *25* ds.

If LESS than 1 day,..... hrs. or..... min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work,

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(State or country)

Chicago Ill

10 NAME OF FATHER

Erich Ludwig Jaeger

11 BIRTHPLACE OF FATHER
(State or country)

Germany

12 MAIDEN NAME OF MOTHER

Ottilie Maria Barbara Kasten

13 BIRTHPLACE OF MOTHER
(State or country)

Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

O.R. Bennett - Winthrop

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov
(Month)

9
(Day)

1911
(Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Pistol shot wound of the Head, homicidal.

(Duration)..... yrs. mos. ds.

Contributory
(SECONDARY)

(Duration)..... yrs. mos. ds.

(Signed)

Henry B. Bunker Magath

M.D.

9.45P MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop

DATE OF BURIAL

Nov 9, 1911

20 UNDERTAKER

O.R. Bennett

ADDRESS

Winthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. Melcalf Hospital

St. ;

Ward)

Winthrop
(City or town.)[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

2 FULL NAME

Ludwig E. Jaeger

[If married or divorced woman or widow,
give maiden name, also name of husband]

a RESIDENCE

Winthrop -

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Divorced

6 DATE OF BIRTH

Unknown

(Month)

(Day)

(Year)

7 AGE

30

yrs.

mos.

ds.

If LESS than
1 day, hrs.

or min. ?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work

Draftsman

(b) General nature of industry,
business, or establishment in
which employed (or employer)

9 BIRTHPLACE

(State or country)

Germany

10 NAME OF
FATHER

Philip

11 BIRTHPLACE
OF FATHER
(State or country)

Germany

12 MAIDEN NAME
OF MOTHER

Emily Buck

13 BIRTHPLACE
OF MOTHER
(State or country)

German

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C. R. Berman

(Address)

Winthrop

15

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov. 4, 1911

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I have investigated the
death of the deceased.

The CAUSE OF DEATH* was as follows:

Pistol shot wound
of the Head, Suicidal

(Duration)

yrs.

mos.

ds.

Contributory

(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

Sergei Burgers Magnath, M.D.

Nov. 6, 1911

(Address)

4.45P

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES,
state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or
HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS).

At place

of death

yrs.

mos.

ds.

In the

State

yrs.

mos.

ds.

Where was disease contracted,
if not at place of death?

Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop Cemetery

DATE OF BURIAL

Nov 7, 1911

20 UNDERTAKER

C. R. Berman

ADDRESS

Winthrop

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. *9 Atlantic* St. ;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Lucius M. Lawe

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

9 Atlantic St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, OR DIVORCED
(Write the word)

Married

6 DATE OF BIRTH

8 3 1879
(Month) (Day) (Year)

7 AGE

62 yrs. 3 mos. 3 ds. or min. ?

If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work

State Tender

(b) General nature of industry, business, or establishment in which employed (or employer)

R. R. & L. R. R.

9 BIRTHPLACE
(State or country)

Ma.

10 NAME OF FATHER

William

11 BIRTHPLACE OF FATHER
(State or country)

Ma.

12 MAIDEN NAME OF MOTHER

Devonport

13 BIRTHPLACE OF MOTHER
(State or country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. L. M. Lawe

(Address)

9 Atlantic St.

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov 6 1911
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from *Nov 14*, 1911, to *Nov 6*, 1911, that I last saw him alive on *Nov 6*, 1911, and that death occurred, on the date stated above, at *6* p.m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

Indefinite (Duration) yrs. *1* mos. *9* ds.

Contributory (SECONDARY)

Ch. Intestinal Infection

(Duration) yrs. mos. ds.

(Signed)

Ruby G. Brown

M.D.

Nov 7, 1911 (Address) *360 E. High St. E B*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

16 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Cem

Nov 8, 1911

17 UNDERTAKER

ADDRESS

H. C. Skaggs

Winthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dug laborer*, *Farm laborer*, *Laborer*—(*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never re-port "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Eccposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. 20 Hawthorn St.)

(City or town.)

Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Frederic B. Allen

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

20 Hawthorn St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

M

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

M

7 DATE OF BIRTH

12 2 1857 (Month) (Day) (Year)

8 AGE

53 yrs. 11 mos. 23 ds. or min. ?

If LESS than 1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Malden

11 NAME OF FATHER

Henry

12 BIRTHPLACE OF FATHER (State or country)

unknown

13 MAIDEN NAME OF MOTHER

Isabel Styles

14 BIRTHPLACE OF MOTHER (State or country)

Concord, Mass.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan 1 1911 (Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

June 1, 1910 to Nov 7, 1911 that I last saw him alive on Nov 6, 1911 and that death occurred, on the date stated above, at 20 m.

The CAUSE OF DEATH* was as follows:

Chronic laudatores nephritis

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)

Me

(Duration) yrs. mos. ds.

(Signed)

William O. Brewster

M.D.

Nov 8, 1911 (Address) New York

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Nov 11-9 1911

19 UNDERTAKER

ADDRESS

W. C. Spagg Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Steel engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE (CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE (CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonitis, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchio-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

1 PLACE OF DEATH

Winthrop

(No. *28* *Chester* *ave* St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

William Francis Pratt

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

28 Chester ave Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

Sept

24

1894

(Month)

(Day)

(Year)

8 AGE

64

1

mos.

17

ds.

If LESS than 1 day, hrs. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Oculist

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE

(State or country)

Southbridge Mass

11 NAME OF FATHER

Francis Pratt

12 BIRTHPLACE OF FATHER

(State or country)

Unknown

13 MAIDEN NAME OF MOTHER

Maria A. Whitney

14 BIRTHPLACE OF MOTHER

(State or country)

Unknown

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Chas. R. Bennett

(Address) *159 Winthrop St*

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

November 10

1918

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I attended deceased from *June*, 191*1*, to *Nov 10*, 191*1*, that I last saw him alive on *Nov 10*, 191*1*, and that death occurred, on the date stated above, at *11 a.m.*

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Valvular Heart Disease.

(Duration) *10* yrs. mos. ds.

Contributory (SECONDARY)

Arterio-sclerosis

Diabetes

ys. mos. ds.

(Signed)

O. E. Johnson

M.D.

Nov 11, 191*1* (Address) *Winthrop Mass*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Quincy Mass

191

20 UNDERTAKER

ADDRESS

Chas. R. Bennett

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticks*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

Winthrop

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

1 PLACE OF DEATH

Winthrop

(No. 217

Cliff Ave.

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Walton C. Taft

3 RESIDENCE

217 Cliff Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

7 DATE OF BIRTH

Nov. 12, 1884

8 AGE

57 yrs. - 4 mos. - 4 ds.

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Express Manager

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE

(State or country)

Frammingham Mass

11 NAME OF FATHER

Augustus Taft

12 BIRTHPLACE OF FATHER

(State or country)

Uxbridge Mass

13 MAIDEN NAME OF MOTHER

Rosa Taylor

14 BIRTHPLACE OF MOTHER

(State or country)

Falmouth Me

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Frank J. Mara
1009 Boylston St

Filed

191

REGISTRAR

16 DATE OF DEATH

Nov. 12, 1911

17 I HEREBY CERTIFY that I attended deceased from

May 1, 1911, to Nov. 12, 1911,

that I last saw him alive on Nov. 12, 1911,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocarditis & Chronic Subendocardial Ischemia

(Duration) 1 yrs. 10 mos. 10 ds.

Contributory Pleurisy & effusion

(Duration) yrs. mos. ds.

(Signed) Edward J. Grainger M.D.

Nov. 13, 1911 (Address) Edward J. Grainger

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Uxbridge Mass.

Nov. 15, 1911

20 UNDERTAKER

ADDRESS

A. L. Eastman Co

25th Street

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease (causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *Uterinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticke*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

Chronic

29 ds.

10 ds.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Somerville
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PLACE OF DEATH

Somerville

Home for the Aged,
(No. 186 Highland Avenue

St.; Ward)

FULL NAME

Sarah Pierce

[If married or divorced woman or widow give maiden name, also name of husband.]

McGinnon - John Pierce

RESIDENCE

Home for the Aged, 186 Highland Avenue, Somerville, Mass.

Registered No. 917

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX female	4 COLOR OR RACE white	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widowed
6 DATE OF BIRTH about 1851. (Month) (Day) (Year)		
7 AGE 60 yrs. - mos. - ds.		If LESS than 1 day, hrs. or min.?

10 DATE OF DEATH Nov. 16, 1911. (Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from **May 31, 1911**, to **Nov. 16, 1911**, that I last saw her alive on **Oct. 1, 1911**, and that death occurred, on the date stated above, at **12 P.m.**

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis, senile dementia

8 OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ireland
--

(Duration) yrs. mos. ds.
Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Chas. E. Mongan M.D.
Nov. 17, 1911 (Address) 24 Central St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

13 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). At place of death yrs. 6 mos. ds. In the State yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence Winthrop
--

14 PLACE OF BURIAL OR REMOVAL St. Michael's Cemetery, Boston, Mass.	DATE OF BURIAL Nov. 20, 1911.
---	---

15 UNDERTAKER F. E. Flaherty	ADDRESS Somerville 261 Wash. St.,
--	---

PARENTS	10 NAME OF FATHER Arthur McGinnon
	11 BIRTHPLACE OF FATHER (State or country) Unknown
	12 MAIDEN NAME OF MOTHER Ruth Pedlow
	13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
(Informant) Sr. Henri Mass.	
(Address) 186 Highland Ave., Somerville,	

15 Filed Nov. 21, 1911.	REGISTRAR
--------------------------------	-----------

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Typhoid fever* (avoid use of "Group"); *Typhoid fever* (never re-*port* "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Broncho-pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Typhemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop

(No. *137*, *Somerset Road* st.,

Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Still born (Peper)

3 RESIDENCE

Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,

MARRIED, Single
WIDOWED,
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

Nov 17
(Month)

1911
(Day)

1
(Year)

7 AGE

Still born
yrs. mos. ds.

If LESS than
1 day, hrs.
or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work...

X

(b) General nature of industry, business, or establishment in which employed (or employer)...

9 BIRTHPLACE

(State or country)

Winthrop Mass

10 NAME OF FATHER

John H Peper

11 BIRTHPLACE OF FATHER

(State or country)

Chelsea Mass

12 MAIDEN NAME OF MOTHER

Alma B Forrestall

13 BIRTHPLACE OF MOTHER

(State or country)

Chelsea Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

O E Johnson no
Winthrop

15

Filed

1911

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

November 17
(Month)

1911
(Day) (Year)

17

I HEREBY CERTIFY that I attended deceased from

Nov 17, 1911, to *Nov 17*, 1911,

that I last saw him alive on _____, 1911,

and that death occurred, on the date stated above, at *5⁰⁰* m.

The CAUSE OF DEATH* was as follows:

Still born

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

O E Johnson, M.D.

Nov 18, 1911 (Address) *Winthrop*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Woodlawn Cemetery, Boston

Nov 20, 1911

20 UNDERTAKER

ADDRESS

W. H. Johnson

Winthrop Mass

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Kun laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., *Carcinoma, Sarcoma, etc.*, of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide, etc.*
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Exposure, etc.*
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism, etc.*
4. Deaths under circumstances unknown, as *A person found dead, etc.*

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

3751

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop

(No. 76

Summit Ave. St.;

Ward)

2 FULL NAME

James F. Roesch

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

76 Summit Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

married

6 DATE OF BIRTH

Feb

12

1861

(Month)

(Day)

(Year)

7 AGE

50

yrs.

9

mos.

10

ds.

If LESS than 1 day, hrs.

or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Refrigerator

(b) General nature of industry, business, or establishment in which employed (or employer)

Mummen Wine Co

9 BIRTHPLACE (State or country)

Cheeklowaga N. Y.

10 NAME OF FATHER

James F. Roesch Sr

11 BIRTHPLACE OF FATHER (State or country)

N. Y. State

12 MAIDEN NAME OF MOTHER

Hannah Maria Mornan

13 BIRTHPLACE OF MOTHER (State or country)

Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Rose Bell Roesch

(Address)

76 Summit Ave

3

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov

22

1911

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I have investigated the

death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural causes;
probably aneurism of the
aorta with rupture into
the left pleural cavity
Contributory resulting hemorrhage
(SECONDARY)
(Duration) yrs. mos. ds.
(Signed) George Burgess M.D.
Winthrop, 1911 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

1st Hope Melton

DATE OF BURIAL

124

1911

20 UNDERTAKER

C. W. Brown

ADDRESS

Winthrop Mass

STANDARD CERTIFICATE OF DEATH.

Nov. 22, 1911

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Immition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revoher wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Esposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop Mass

(No.

#14 Freeman St

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Alexander J. Mc Lennan

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

14 Freeman St Winthrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

April

X

1892

(Month)

(Day)

(Year)

7 AGE

14

yrs.

7

mos.

ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Errand Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

Drugstore

9 BIRTHPLACE (State or country)

Winthrop Mass

10 NAME OF FATHER

Donald

11 BIRTHPLACE OF FATHER (State or country)

Cake B. Peller Sydney

12 MAIDEN NAME OF MOTHER

Christy Smith

13 BIRTHPLACE OF MOTHER (State or country)

Cake B. Peller Sydney

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Christy - Smith Mrs. Lennan

(Address)

#14 Freeman St

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov 25

(Month)

(Day)

1911

17 I HEREBY CERTIFY that I attended deceased from

Nov 22

1911

to Nov 25

1911

that I last saw him alive on Nov 25, 1911

and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration)

yrs.

mos.

ds.

Contributory (SECONDARY)

Wound

(Duration)

yrs.

mos.

1 ds.

(Signed)

B. Peller

M.D.

Nov 27, 1911 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop Cemetery

DATE OF BURIAL

Nov 27, 1911

20 UNDERTAKER

C. R. Bennett

ADDRESS

Winthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Ship engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (c) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furnace laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

CHELSEA

(City or town.)

1 PLACE OF DEATH

Chelsea

(No. Frost Hospital

St. ; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME -----Johnson

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Winthrop, Mass.

Registered No. 704

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

-----, 1
(Month) (Day) (Year)

7 AGE

If LESS than 1 day,.....hrs.

----- yrs. ----- mos. ----- ds. or ----- min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work,-----

(b) General nature of industry, business, or establishment in which employed (or employer)-----

9 BIRTHPLACE (State or country)

Chelsea, Mass.

10 NAME OF FATHER

Nathaniel Lee Johnson

11 BIRTHPLACE OF FATHER (State or country)

Wilmot Flat, N.H.

12 MAIDEN NAME OF MOTHER

Nellie Emma Terry

13 BIRTHPLACE OF MOTHER (State or country)

Newton Lower Falls, Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nathaniel L. Johnson

(Address) Winthrop, Mass.

15 Filed Nov. 29, 1911

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

November 28, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Nov. 28, 1911 to Nov. 28, 1911,

that I last saw him alive on -----, 1911,

and that death occurred on the date stated above, at 4 P.m.

The CAUSE OF DEATH* was as follows:

Still born

(Duration) ----- yrs. ----- mos. ----- ds.

Contributory (SECONDARY)

(Duration) ----- yrs. ----- mos. ----- ds.

(Signed) O.E. Johnson, M.D.

-----, 1911 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ----- yrs. ----- mos. ----- ds. In the State ----- yrs. ----- mos. ----- ds.

Where was disease contracted, If not at place of death ? -----

Former or usual residence -----

19 PLACE OF BURIAL OR REMOVAL

Winthrop Cemetery

DATE OF BURIAL

Nov. 30, 1911

20 UNDERTAKER

J.R. Bennison

ADDRESS

Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonitis, etc., (*Carcinoma, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Astenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Irritation," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ectoposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town.)

1 PLACE OF DEATH

Winthrop Mass (No. *62 Temple Ave* St.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Sarah Ann Worley

Sarah Ann Parker wife of Benjamin Worley

Registered No.

62 Temple Ave Winthrop Mass

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

Aug 24 1855
(Month) (Day) (Year)

7 AGE

56 yrs. *3* mos. *10* ds.

If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Birmingham Eng

10 NAME OF FATHER

John Parker

11 BIRTHPLACE OF FATHER (State or country)

Birmingham Eng

12 MAIDEN NAME OF MOTHER

Ann - Lloyd

13 BIRTHPLACE OF MOTHER (State or country)

Birmingham Eng

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C. R. Benson
(Address) *Winthrop Mass*

15

Filed..... 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

December 2nd, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Yemenet, 1911, to *Dec. 1st*, 1911,

that I last saw her alive on *Dec. 1st*, 1911,

and that death occurred, on the date stated above, at *2 A.M.*

The CAUSE OF DEATH* was as follows:

Gangrene of Lung

(Duration).....yrs. *2* mos.ds.

Contributory *Bronchiectasis*

(SECONDARY)

(Duration) *1* yrs. *6* mos.ds.

(Signed) *Brainerd A Andrews*, M.D.

Dec. 4, 1911 (Address) *687 Winthrop Ave*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner. *Revere*

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.mos.ds. In the State.....yrs.mos.ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

W. H. Hoke Boston

DATE OF BURIAL

Dec 6, 1911

20 UNDERTAKER

C. R. Benson

ADDRESS

Winthrop Mass

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Trill engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever*, (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Goma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

CHELSEA

(City or town.)

1 PLACE OF DEATH

Chelsea

(No.

Front Hospital

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Hellen Liza Johnson

[If married or divorced woman or widow give maiden name, also name of husband.]

Hellen Liza Perry - Nathaniel Lee Johnson

3 RESIDENCE

Circuit Road, Winthrop, Mass.

Registered No. 717

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

7 DATE OF BIRTH

February 13 1873
(Month) (Day) (Year)

8 AGE

38 yrs. 10 mos. 15 ds. or min.?

If LESS than 1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work

At home

(b) General nature of industry, business, or establishment in which employed (or employer)

Housewife

10 BIRTHPLACE (State or country)

Newton, Mass.

11 NAME OF FATHER

Mark Perry

12 BIRTHPLACE OF FATHER (State or country)

England

13 MAIDEN NAME OF MOTHER

Sarah R. Winslow

14 BIRTHPLACE OF MOTHER (State or country)

Bangor, Me.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) N.L. Johnson,

(Address)

Circuit Road, Winthrop

Filed Dec. 6, 1911

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

December 5, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Nov. 28, 1911, to Dec. 5, 1911,

that I last saw her alive on Dec. 5, 1911,

and that death occurred, on the date stated above, at 8 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(Duration) - yrs. - mos. 4 ds.

Contributory Surgical Operation

(Duration) - yrs. - mos. 7 ds.

(Signed) C.R. Johnson, M.D.

Dec. 6, 1911 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death - yrs. - mos. - ds. In the State - yrs. - mos. - ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop, Mass.

DATE OF BURIAL

Dec. 6, 1911

20 UNDERTAKER

C.R. Bennison

ADDRESS

Winthrop

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wintuope
BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Wintuope (No. *19 Johnson Ave.* St.; _____ Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

19 Johnson Ave. Wintuope

Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widowed

6 DATE OF BIRTH

Aug. 27, 1845
(Month) (Day) (Year)

7 AGE

66 yrs. 3 mos. 9 ds.

If LESS than 1 day, _____ hrs. or _____ min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Forwarder

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Orleans Ave.

10 NAME OF FATHER

Sullivan

11 BIRTHPLACE OF FATHER (State or country)

Orleans Ave.

12 MAIDEN NAME OF MOTHER

Rebe G. Smith

13 BIRTHPLACE OF MOTHER (State or country)

Eastham Ave.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

A. D. Freeman

(Address)

19 Johnson Ave.

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 5, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from *1908*, 191, to *Dec 5, 1911*, that I last saw him alive on *Dec 5, 1911*, and that death occurred, on the date stated above, at *57 p.m.*

The CAUSE OF DEATH* was as follows:

*General arteriosclerosis
Chronic Interstitial Nephritis*

(Duration) *2* yrs. _____ mos. _____ ds.

Contributory (SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

W. M. C. [Signature], M.D.
Large, 1911 (Address) *Wintuope*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs _____ mos _____ ds. State yrs _____ mos _____ ds.

Where was disease contracted, if not at place of death ?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Wintuope Cem.

DATE OF BURIAL

Dec 9, 1911

20 UNDERTAKER

W. M. C. [Signature]

ADDRESS

N B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Splinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Farman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*not mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *Cerebrum*, *Sarcina*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Stricture*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wintthrop
BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Wintthrop Mass (No. *244 Shore Drive*)

St.

Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Thomas Eugene McEue
Rose M. Sullivan
244 Shore Drive Wintthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

5 COLOR OR RACE

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

7 DATE OF BIRTH

8 AGE

If LESS than 1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE
(State or country)

11 NAME OF FATHER

12 BIRTHPLACE OF FATHER
(State or country)

13 MAIDEN NAME OF MOTHER

14 BIRTHPLACE OF MOTHER
(State or country)

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec. 6, 191*1*
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from *No. 28*, 191*1*, to *Dec. 6*, 191*1*, that I last saw him alive on *Dec. 6*, 191*1*, and that death occurred, on the date stated above, at *5:30 P.M.*

The CAUSE OF DEATH* was as follows:

City Association of Bank
Snack (Duration) yrs. mos. ds.
Contributory *Brachitis*
(SECONDARY) (Duration) yrs. mos. *14* ds.
(Signed) *R. J. Burke*, M.D.
244 Shore Drive, 191*1* (Address)

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Wet engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc.; *Carcinoma*, *osteoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; (*chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *broncho-pneumonia* (secondary, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

¹ PLACE OF DEATH

129 Clifton

(No.)

Winchester

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

² FULL NAME

Stella Bone (Swanson)

[If married or divorced woman or widow give maiden name, also name of husband.]

³ RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS³ SEX⁴ COLOR OR RACE

White

⁵ SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

X

⁶ DATE OF BIRTH

Dec

8

1911

(Month)

(Day)

(Year)

⁷ AGE

If LESS than 1 day,.....hrs.

yrs.

mos.

ds.

or.....min.?

⁸ OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

⁹ BIRTHPLACE

(State or country)

129 Clifton Winchester

¹⁰ NAME OF FATHER

?

¹¹ BIRTHPLACE OF FATHER

(State or country)

?

¹² MAIDEN NAME OF MOTHER

Hilda Swanson

¹³ BIRTHPLACE OF MOTHER

(State or country)

Warren

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

H. Nelson

(Address)

31 Highland Ave

¹⁵

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH¹⁶ DATE OF DEATH

Dec.

8th

1911

(Month)

(Day)

(Year)

¹⁷

I HEREBY CERTIFY that I attended deceased from

Dec. 8, 1911, to Dec. 8, 1911,

that I last saw her alive on Dec. 8, 1911,

and that death occurred, on the date stated above, at 2:00 a.m.

The CAUSE OF DEATH* was as follows:

Still born (Premature)

(Duration).....yrs.....mos.....ds.

Contributory

(SECONDARY)

(Duration).....yrs.....mos.....ds.

(Signed)

J. J. P. P.

M.D.

Dec. 8, 1911 (Address) Winchester

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

¹⁹ PLACE OF BURIAL OR REMOVAL

Winchester

DATE OF BURIAL

Dec 9

1911

²⁰ UNDERTAKER

E. H. Benson

ADDRESS

Winchester

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *typhoid fever* (avoid use of "Grouper"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 36 Temple Ave.; Ward)

3789
Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Ludmila F. Johnson

[If married or divorced woman or widow give maiden name, also name of husband.]

Wife of Eugene M. Johnson (Deceased)

3 RESIDENCE

36 Temple Ave Winthrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Married

6 DATE OF BIRTH

Mar 24, 1861
(Month) (Day) (Year)

7 AGE

44 yrs. 9 mos. 15 ds.

If LESS than 1 day.....hrs.
or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

Home wife

9 BIRTH-PLACE
(State or country)

Holles Me

10 NAME OF FATHER

William A. Reed

11 BIRTHPLACE OF FATHER
(State or country)

Boothbay Me

12 MAIDEN NAME OF MOTHER

Aresta Johnson

13 BIRTHPLACE OF MOTHER
(State or country)

Biddeford Me

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

C R Benson

(Informant)

(Address)

Winthrop Mass

5

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 9, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural Causes;
heart disease, organic
(Sudden death)

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

George B. B. Magnitt

M.D.

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop Mass

DATE OF BURIAL

12/12, 1911

20 UNDERTAKER

C R Benson

ADDRESS

Winthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never re-port "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asithenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Ivanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Danvers

(City or town.)

1 PLACE OF DEATH

Danvers State Hospital.

St. _____ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Elizabeth J. Howatt,

[If married or divorced woman or widow give maiden name, also name of husband.]

McRae. Benjamin Howatt.

3 RESIDENCE

Winthrop, Mass.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX Female 5 COLOR OR RACE White 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

7 DATE OF BIRTH _____
(Month) (Day) (Year)

8 AGE 44 yrs. - mos. - ds. or LESS than 1 day, _____ hrs. or _____ min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work Houso-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Prince Edward Island

11 NAME OF FATHER

James McRae

12 BIRTHPLACE OF FATHER (State or country)

P. E. I.

13 MAIDEN NAME OF MOTHER

Elizabeth Pierceval

14 BIRTHPLACE OF MOTHER (State or country)

P. E. I.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Custis Rooh

(Address) Hathorne, Mass.

Filed Dec. 1 1911 Julius Peele

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 11, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from December 1, 1911 to December 11, 1911 that I last saw her alive on December 11, 1911, and that death occurred, on the date stated above, at 4:50 p.m.

The CAUSE OF DEATH* was as follows:

General paralysis of the Insane.

(Duration) - yrs. 6 mos. - ds.

Contributory (SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Harlan L. Paine, M.D.

Dec. 13, 1911 (Address) Hathorne, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death - yrs. - mos. 10. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, If not at place of death ? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

Winthrop Cemetery
Winthrop, Mass.

DATE OF BURIAL

Dec. 13, 1911

20 UNDERTAKER

Edwin G. Brown & Sons Winthrop,

ADDRESS

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Procery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonæum, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal, septicæmia," "Puerperal, peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ectoposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop No. 46 Lincoln St.

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Lavinia Davison

[If married or divorced woman or widow give maiden name, also name of husband.]

Chas. W. Davison

3 RESIDENCE

46 Lincoln St. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

Dec 9 1866
(Month) (Day) (Year)

7 AGE

45 yrs. 3 mos. 9 ds. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Mass.

10 NAME OF FATHER

John P. Hodykins

11 BIRTHPLACE OF FATHER (State or country)

Mass.

12 MAIDEN NAME OF MOTHER

Martha A. Hazel

13 BIRTHPLACE OF MOTHER (State or country)

Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Chas. W. Davison
46 Lincoln St.

(Address)

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec. 13, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from January 12, 1911, to Dec. 10, 1911, that I last saw her alive on Dec. 12, 1911, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Pleuritis, following removal of Carcinoma of breast.

(Duration) yrs. 3 mos. ds.

Contributory Cause of Death

(SECONDARY)

One year (Duration) 1 yrs. mos. ds.

(Signed)

S. W. Gay

M.D.

Dec. 14, 1911 (Address) Ent Boston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence

17 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Cem 12-16, 1911

18 UNDERTAKER

ADDRESS

H. C. Skaggs Winthrop

STANDARD CERTIFICATE OF DEATH.

Dec. 13, 1911

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—(*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Dysentery* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*verruca*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Execution*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

1 PLACE OF DEATH

Winthrop

(No. 40 Plummer

St.

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Mary A. Grainger
Dr. Wm. H. Grainger nee Moore de Blanc

3 RESIDENCE

40 Plummer St. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

married

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

61 yrs. mos. ds.

If LESS than
1 day, hrs.

or min. ?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work

Housewife

(b) General nature of industry,
business, or establishment in
which employed (or employer)9 BIRTHPLACE
(State or country)

Brooklyn N. Y.

10 NAME OF
FATHER

Ambrose Le Blanc

11 BIRTHPLACE
OF FATHER
(State or country)

Canada

12 MAIDEN NAME
OF MOTHER

Mary Moore

13 BIRTHPLACE
OF MOTHER
(State or country)

New York N. Y.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Dr. Edward J. Grainger
40 Plummer St. Winthrop

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

December 14, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Dec 14, 1911, to

that I last saw her alive on Dec 14, 1911,

and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Diabetes

1 year

(Duration) yrs. mos. ds.

Contributory
(SECONDARY)

Coma 36 hrs.

(Duration) yrs. mos. ds.

(Signed)

Ernest S. Booth

M.D.

Dec 15, 1911 (Address) 2 Autumn St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death ?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross

Dec. 16, 1911

20 UNDERTAKER

ADDRESS

J. J. Lane D. J. D.

120 Havre St.

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

14, 1911

Statement of occupation.—

Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—

Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. 409 Shirley St.)

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

409 Shirley St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

12 15 1911
(Month) (Day) (Year)

7 AGE

If LESS than 1 day, hrs.

... yrs. ... mos. ... ds. ... or ... min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Winthrop

10 NAME OF FATHER

Chas. A. Lundgren

11 BIRTHPLACE OF FATHER

(State or country)

E. Boston

12 MAIDEN NAME OF MOTHER

White

13 BIRTHPLACE OF MOTHER

(State or country)

Boston

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Chas. A. Lundgren

(Address)

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec 15 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Dec 15, 1911, to

that I last saw her alive on Dec 15, 1911,

and that death occurred, on the date stated above, at 8 p.m.?

The CAUSE OF DEATH* was as follows:

Stillborn
hydrocephalus
Spina bifida

..(Duration) .. yrs. ... mos. ... ds.

Contributory

(SECONDARY)

..(Duration) .. yrs. ... mos. ... ds.

(Signed)

Ernest S. Booth, M.D.
Dec 18, 1911 (Address) 2 Autumn St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. ... mos. ... ds. In the State yrs. ... mos. ... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Cem 12-20, 1911

20 UNDERTAKER

ADDRESS

W. E. Shaggy, Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Ship engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticte*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Syphilodon*, *Esposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Worcester Mass (No. 63 Worcester Street St. ;

Ward)

Worcester
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Betty Baker Dalrymple
widow Geo. W. Dalrymple

3 RESIDENCE

63 Worcester St Worcester Mass Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

female

5 COLOR OR RACE

white

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

widow

7 DATE OF BIRTH

Mar

12

1833

(Month)

(Day)

(Year)

8 AGE

78

yrs.

10

mos.

6

ds.

If LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work,.....

at home

(b) General nature of industry, business, or establishment in which employed (or employer).....

10 BIRTHPLACE

(State or country)

Groton Mass

11 NAME OF FATHER

Mr. Duff

12 BIRTHPLACE OF FATHER

(State or country)

Unknown

13 MAIDEN NAME OF MOTHER

Unknown

14 BIRTHPLACE OF MOTHER

(State or country)

Unknown

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. J. E. Deaton

(Address)

63 Worcester St Worcester Mass

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

December 18, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

Dec 17, 1911, to Dec 18, 1911,

that I last saw him alive on Dec 18, 1911,

and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia and Pleurisy

(Duration) yrs. mos. 3 ds.

Contributory

Arterio-sclerosis and

Rheumatic Deformities Several years

(Signed)

O. J. Delmon M.D.

Dec 20, 1911

(Address)

Worcester

* If death followed injury or violence the certificate of death must be filled out by the Medical Examiner.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

of death

yrs.

mos.

ds.

In the

State

yrs.

mos.

ds.

Where was disease contracted, If not at place of death ?.....

Former or

usual residence.....

18 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Groton Mass

12/20, 1911

19 UNDERTAKER

E. R. Brown

ADDRESS

Worcester

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary, 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticke*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Etc posture*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Worcester Mass (No. *85-Johnson*)

St. ;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Lillie Ellis Clarke

wife of Allen H. Clarke

Chicago Ill

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

female

5 COLOR OR RACE

white

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

Mar

14

1856

(Month)

(Day)

(Year)

8 AGE

55

10

mos.

4

ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

Home wife

10 BIRTHPLACE

(State or country)

Ovid N.Y.

11 NAME OF FATHER

Nathan Palmer Ellis

12 BIRTHPLACE OF FATHER

(State or country)

Ellis N.Y.

13 MAIDEN NAME OF MOTHER

Cinderella Bailey

14 BIRTHPLACE OF MOTHER

(State or country)

Conn

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Allen H. Clarke

(Address)

85 Johnson Ave

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

December 18

1911

(Month)

(Day)

(Year)

I HEREBY CERTIFY that I attended deceased from

Dec 18, 1911, to Dec 18, 1911,

that I last saw her alive on *Dec 18, 1911,*

and that death occurred, on the date stated above, at *1 P.m.*

The CAUSE OF DEATH* was as follows:

Multiple abdominal cancer

(Duration) *—* yrs. *6* mos. *—* ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Dec 20, 1911 (Address) *Worcester Mass*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Wm. A. Burdett
Wm. A. Burdett

DATE OF BURIAL

12/20, 1911

20 UNDERTAKER

E. H. Benson

ADDRESS

Worcester

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*erythro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc.), (*carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; (*Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticcide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

(City or town.)

(No. ...)

St. ...

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

If LESS than
1 day, hrs.

yrs.

mos.

ds.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I attended deceased from

Dec. 13, 1911, to Dec. 18, 1911,

that I last saw him alive on Dec. 18, 1911,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration)

yrs.

mos.

5 ds.

Contributory (SECONDARY)

Arterio sclerosis

(Duration)

yrs.

mos.

ds.

(Signed)

Thos. B. ...

M.D.

Dec. 19, 1911 (Address) ...

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

of death

yrs.

mos.

ds.

In the

State

yrs.

mos.

ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease (CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningis, peritonaeum, etc., (*carcinoma, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Broncho-pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

¹ PLACE OF DEATH

Winthrop Mass. (No. 30 Main St

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

² FULL NAME

Edmund Ballen

[If married or divorced woman or widow give maiden name, also name of husband.]

^a RESIDENCE

30 Main St Winthrop, Mass. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

³ SEX

M

⁴ COLOR OR RACE

W

⁵ SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

S

⁶ DATE OF BIRTH

(Month) (Day) (Year)

⁷ AGE

1 yrs. 4 mos. ds. or min.?

If LESS than 1 day, hrs.

⁸ OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

⁹ BIRTHPLACE (State or country)

Winthrop Mass

¹⁰ NAME OF FATHER

Henry J.

¹¹ BIRTHPLACE OF FATHER (State or country)

Boston Mass

¹² MAIDEN NAME OF MOTHER

Mary Carleton

¹³ BIRTHPLACE OF MOTHER (State or country)

E. Boston

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) (Address)

Mother Winthrop Mass

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁵ DATE OF DEATH

December 22 1911 (Month) (Day) (Year)

¹⁷ I HEREBY CERTIFY that I attended deceased from Dec. 7, 1911, to Dec. 22, 1911, that I last saw him alive on Dec. 22, 1911, and that death occurred, on the date stated above, at 12 P.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 15 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Edmund F. Moran, M.D. Dec. 22, 1911 (Address) 641 Bennett St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

¹⁹ PLACE OF BURIAL OR REMOVAL

Hope Cross Malden Dec 23 1911

²⁰ UNDERTAKER

W. C. Kirby

DATE OF BURIAL

ADDRESS

E. Boston

STANDARD CERTIFICATE OF DEATH.

1000-22, 1911

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—(*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*uremia*, *Sarcina*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary, 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ectoposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

CITY OF
BOSTON.**RETURN OF A DEATH—1911.**

THOMAS FLAHERTY

11565

FULL NAME Registered No.

Place of Death } Boston
and Residence } MASS. GEN. HOSPT.

Date of Death DEC. 27 1911. Age 61 years months 4 days.

STATISTICAL DETAILS.

SEX M COLOR W SINGLE, MARRIED, WID., DIV. S

Maiden Name

Husband's Name

Birthplace BOSTON (EAST)

Name of Father JOHN FLAHERTY

Birthplace of Father IRELAND

Maiden Name of Mother MARY LEE

Birthplace of Mother BOSTON

Occupation JANITOR

Informant

Place of Burial DORCHESTER
or removal.....

J.C. GILLIS

Undertaker

MEDFORD

PHYSICIAN'S CERTIFICATE.I HEREBY CERTIFY that I attended deceased during last illness,
from 1911, to 1911,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary } MULTIPLE INJURIES. CRUSH CHEST.
(Duration) }
FRAC. THIGH. PNEUMONIA & EX-
HAUSTION -- ELEVATOR ACCIDENTContributory: }
(Duration) }

(Signed) G.B. MAGRATH (MED. EX) M.D.

DEC. 28 1911

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP

JAN. 1

Filed 1911

A true copy.
Attest:

EWM Glenen

Registrar.

Dec. 27, 1912

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

3829
Winthrop
(City or town.)

1 PLACE OF DEATH

Winthrop

(No. 24 Underhill

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

John E. Jones

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

24 Underhill St., Winthrop.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

S

6 DATE OF BIRTH

1854

(Month)

(Day)

(Year)

7 AGE

we 57 yrs.

mos.

ds.

If LESS than 1 day,.....hrs.

or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

Department Store

9 BIRTHPLACE (State or country)

Ireland

10 NAME OF FATHER

James Jones

11 BIRTHPLACE OF FATHER (State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Katharine Barry

13 BIRTHPLACE OF MOTHER (State or country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Katharine Barry
8, Dorset St. Camb.

Filed.....

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 28

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I have investigated the

death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural Causes
probably diabetes

(Sudden death)

Contributory (SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

Dr. Eugene Magath

M.D.

Dec 29, 191

(Address)

145 Am.

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

of death

yrs.

mos.

In the

State

yrs.

mos.

ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Wray Lane, Woburn

DATE OF BURIAL

Dec 3, 191

20 UNDERTAKER

J. J. Shea

ADDRESS

7 Park St. Camb.

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Reverber wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wintthrop

(No.)

39 Bay View Ave St.

Ward)

[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

2 FULL NAME

[If married or divorced woman or widow
give maiden name, also name of husband.]

a RESIDENCE

29 Bay View Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE,

MARRIED,

WIDOWED,

OR DIVORCED

(Write the word)

Widow

6 DATE OF BIRTH

(Month)

(Day)

1849
(Year)

7 AGE

If LESS than
1 day, hrs.

62

yrs.

mos.

ds.

or min. ?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work

At Home

(b) General nature of industry,
business, or establishment in
which employed (or employer)9 BIRTHPLACE
(State or country)

Ireland

10 NAME OF
FATHER

John Cocoran

11 BIRTHPLACE
OF FATHER
(State or country)

Ireland

12 MAIDEN NAME
OF MOTHER

Unknown

13 BIRTHPLACE
OF MOTHER
(State or country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Helena A Steward

(Address)

39 Bay View Ave

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec

31

1911

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I attended deceased from

May

1911

Dec 31

1911

that I last saw him alive on Dec 30, 1911

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) yrs. 6 mos. - ds.

Contributory

Pneumonia

(SECONDARY)

(Duration) yrs. mos. 3 ds.

(Signed)

Edward J. Fraeiger

M.D.

Dec 12 1912

(Address) Wintthrop

* If death followed injury or violence the certificate of death must be made
out by the Medical Examiner.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS).

At place

of death

yrs.

mos.

ds.

In the

State

yrs.

mos.

ds.

Where was disease contracted,
if not at place of death?

Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross Cemetery

Jan 2, 1912

20 UNDERTAKER

ADDRESS

John F. O'Malley

79 Atlantic St.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Rail engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Dysphtheria* (avoid use of "Group"); *Typhoid fever* (never re-
port "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., (*carcinoma, Stomach*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.



CITY OF
BOSTON.

RETURN OF A DEATH—1912.

FULL NAME **EDWARD JACKSON** Registered No. **74**

Place of Death } **Boston** **CHILDRENS HOSPT.**
and Residence }

Date of Death **JAN.4** 1912. Age **5** years **5** months **5** days.

STATISTICAL DETAILS.

SEX	COLOR	SINGLE, MARRIED, WID., DIV.
M	W	S

Maiden Name.....

Husband's Name.....

BOSTON

Birthplace.....

Name of
Father.....**HENRY M. JACKSON**Birthplace
of Father.....**BOSTON**Maiden Name
of Mother.....**HELENA G MACGINNISS**Birthplace
of Mother.....**BOSTON****NONE**

Occupation.....

Informant.....

Place of Burial
or removal.....**MALDEN (HOLY CROSS)****E.G. TOBIN**

Undertaker.....

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1912, to 1912,
that to the best of my knowledge and belief death occurred, on the
date stated above, and that the CAUSE OF DEATH was as follows :

Primary : } **BRONCHO-PNEUMONIA - 5 MOS**
(Duration) }

Contributory : }
(Duration) }

(Signed) **W.S. PARKER** M.D.

..... 1912

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence **WINTHROP (35 SEAFOAM AVE)**

Filed **JAN.8** 1912.

A true copy.
Attest :

EWM Glenen

Registrar.

Jan. 14, 1912

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

16 Willow Ave Winthrop Mass

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Whitman E. Smith

3 RESIDENCE

16 Willow Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

Jan 1st (Month) *1861* (Year)

7 AGE

50 yrs. *5* ds. or min.?

If LESS than 1 day, 6 hrs. 15 min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

Thompson & Lavett Boston, Mass

9 BIRTHPLACE (State or country)

Boston, Mass

10 NAME OF FATHER

Whitman B. Smith

11 BIRTHPLACE OF FATHER (State or country)

No Bellingham Mass

12 MAIDEN NAME OF MOTHER

Elizabeth J. Taylor

13 BIRTHPLACE OF MOTHER (State or country)

West Yarmouth Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Whitman E. Smith

(Address)

16 Willow Ave

15 DATE OF DEATH

Jan 6th (Month) *1912* (Year)

16 I HEREBY CERTIFY that I attended deceased from

Jan. 1st, 1910, to *Jan 6th*, 1912,

that I last saw *him* alive on *Jan. 5th*, 1912,

and that death occurred, on the date stated above, at *6 a. m.*

The CAUSE OF DEATH* was as follows:

Carcinoma of throat

Contributory (SECONDARY)

(Signed) *H. J. Porter*, M.D.

Jan 8th, 1912 (Address) *Winthrop, Mass*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop Cemetery

DATE OF BURIAL

Jan 8th, 1912

20 UNDERTAKER

C. R. Bennett

ADDRESS

Winthrop

Filed

191

REGISTRAR

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*tubercle*, *Strum*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Irritation," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

CITY OF
BOSTON.

RETURN OF A DEATH—1912.

FULL NAME JULIA GLENISTER Registered No. 133Place of Death } Boston CARNEY HOSPT.
and Residence }Date of Death JAN. 6 1912. Age 2 years 10 months days.

STATISTICAL DETAILS.

SEX FEM. COLOR W SINGLE, MARRIED, WID., DIV. SIN.Maiden Name Husband's Name Birthplace WINTHROPName of
Father JOHN GLENISTERBirthplace
of Father BOSTONMaiden Name
of Mother ALICE J MITCHELLBirthplace
of Mother CINCINNATI, OHIOOccupation -----Informant Place of Burial
or removal WINTHROP (WINTHROP CEM)Undertaker C. R. BENNISONWINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1912, to 1912,
that to the best of my knowledge and belief death occurred, on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: }
(Duration)DOUBLE LOBAR PNEUMONIA -1 MO. 7 DAYSContributory: }
(Duration)(Signed) J. J. MC CARTY

M.D.

JAN. 61912SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent
Residents.Usual Residence WINTHROPFiled JAN. 91912A true copy.
Attest:EWM Glenister

Registrar.

Jan. 6, 1912

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

3848

Winthrop
(City or town)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop

(No. 178, Court Road St.; Ward)

2 FULL NAME

Victor W. Barnes

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

178 Court Road Winthrop, Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)
Married

7 DATE OF BIRTH

May 24, 1863
(Month) (Day) (Year)

8 AGE

48 yrs. 7 mos. 9 ds. or min.?

If LESS than 1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Mechanic & Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

Stationary Engineer

10 BIRTHPLACE (State or country)

Barnsville N.B.

11 NAME OF FATHER

Geo. Barnes

12 BIRTHPLACE OF FATHER (State or country)

Barnsville N.B.

13 MAIDEN NAME OF MOTHER

Ely abeth Jane McDonald

14 BIRTHPLACE OF MOTHER (State or country)

Bell's Hill N.B.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Chas R Bennett

(Address) Winthrop, Mass

16 DATE OF DEATH

Jan 6, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural causes!
acute dilatation of the heart probably on segment of chronic infarctus
(Duration) mos. ds.
(Sudden death) mos. ds.
(Signed) George Burgess Maynard, M.D.
Jan 6, 1912 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

St John N.B.

DATE OF BURIAL

Jan 8, 1912

20 UNDERTAKER

Chas R Bennett

ADDRESS

Winthrop

Filed 191

REGISTRAR

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop

(No. 316 Pleasant

St.;

Ward)

2 FULL NAME

Rosalie Mc Carthy

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

316 Pleasant St.

Registered No.

1105

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

January 29th, 1906

7 AGE

5 yrs. 11 mos. 8 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Winthrop, Mass.

10 NAME OF FATHER

Joseph H. Mc Carthy

11 BIRTHPLACE OF FATHER (State or country)

East Boston, Mass.

12 MAIDEN NAME OF MOTHER

Julia A. Bulham

13 BIRTHPLACE OF MOTHER (State or country)

Boston, Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Joseph H. Mc Carthy
316 Pleasant St. Winthrop

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

1911, to 1912

that I last saw h. alive on 1912

and that death occurred, on the date stated above, at 10:00 p.m.

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) M.D.

1912 (Address)

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross, Malden Jan. 9th 1912

20 UNDERTAKER

ADDRESS

M. J. Kelly

19 Marine Sq.

Filed 191

REGISTRAR

STANDARD CERTIFICATE OF DEATH.

Jan. 6, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engine*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furnishor*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Struma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; (*Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Strangulation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wentworth Mass (No. 38 Green Street

St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Mary Elizabeth Nickerson

Widow, Wallace Nickerson - Colby

38 Green Street

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

75

..yrs.

1 ..mos.

7 ..ds.

If LESS than 1 day, ..hrs. or ..min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Ducksport Me

10 NAME OF FATHER

Charles Colby

11 BIRTHPLACE OF FATHER (State or country)

Deer Isle Me

12 MAIDEN NAME OF MOTHER

Ann Wentworth

13 BIRTHPLACE OF MOTHER (State or country)

Ducksport Me

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Walter George

(Address)

38 Green St.

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan

(Month)

8

(Day)

1912 (Year)

16 I HEREBY CERTIFY that I attended deceased from

Jan 1, 1912, to Jan 7, 1912, that I last saw him alive on Jan 6, 1912, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) ? yrs. mos. ds.

(Signed) J. W. Wentworth, M.D.

Jan 8, 1912 (Address) 263 W. Wentworth St.

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18 PLACE OF BURIAL OR REMOVAL

Wentworth Cemetery

DATE OF BURIAL

Jan 9th 1912

19 UNDERTAKER

A. H. Brown

ADDRESS

Wentworth

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furninaborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *Varicella*, *Sarcina*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Smothering*, *Asphyxiation*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 150

Washington Ave

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Ellen W. Stover

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

150 Washington Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widowed

7 DATE OF BIRTH

1 12 1912
(Month) (Day) (Year)

8 AGE

If LESS than 1 day, hrs.

66 yrs. 6 mos. 15 ds.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

at home

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE (State or country)

Maine

11 NAME OF FATHER

Harold King

12 BIRTHPLACE OF FATHER (State or country)

Me.

13 MAIDEN NAME OF MOTHER

unknown

14 BIRTHPLACE OF MOTHER (State or country)

Maine

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Dr. Stover

(Address)

150 Washington Ave

16

Filed, 1912

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

January

(Month)

12 1912
(Day) (Year)

I HEREBY CERTIFY that I attended deceased from

June 1911, to January 12, 1912, that I last saw him alive on January 11, 1912, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) yrs. mos. ds.

Contributory Arterio-sclerosis

(SECONDARY)

General (Duration) yrs. mos. ds.

(Signed)

January 12, 1912 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Baughman

1-16 1912

20 UNDERTAKER

ADDRESS

H.C. Skaggs

Winthrop

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Joy laborer*, *Furn laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal meningitis* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., (*tubercle*, *Scrophulous*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; (*Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), "9 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *E-cposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

CITY OF
BOSTON.

RETURN OF A DEATH—1912.

FULL NAME **HENRY F. SCHWAAR** Registered No. **462**

Place of Death } **Boston** **B C H RELIEF**
and Residence }

Date of Death **JAN. 15** 1912. Age **46** years **3** months **28** days.

STATISTICAL DETAILS.

SEX **M** COLOR **W** SINGLE, MARRIED, WID., DIV. **MAR.**

Maiden Name.....

Husband's Name.....

Birthplace.....

BOSTONName of
Father.....**CHARLES F. SCHWAAR**Birthplace
of Father.....**GERMANY**Maiden Name
of Mother.....**LENA HORSFELD**Birthplace
of Mother.....**SWITZERLAND**

Occupation.....

CONFIDENTIAL CLERK

Informant.....

Place of Burial
or removal.....**MARSHFIELD HILLS****A. L. EASTMAN & CO.**

Undertaker.....

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1912, to 1912,
that to the best of my knowledge and belief death occurred, on the
date stated above, and that the CAUSE OF DEATH was as follows :

Primary: } **NATURAL CAUSES—ANEURISM OF**
(Duration) }

AORTA—RUPT. INTO RT. PLEURAL**CAVITY — HEMORRHAGE**

Contributory: } **(SUDDEN DEATH)**
(Duration) }

(Signed) **G. B. MAGRATH, M.D., EX.** M.D.

JAN. 16

1912

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent
Residents.

Usual Residence.....

WINTHROP**JAN. 18**

Filed.....

1912

A true copy.
Attest:

E. W. M. Glenen

Registrar.

Jan. 15, 1912

RETURN OF A DEATH—1912.

CITY OF
BOSTON.

FULL NAME.....LIZZETTA HAYES.....Registered No.....548

Place of Death } Boston.....MASS.GEN.HOSP.T.
and Residence }

Date of Death.....JAN.18.....1912 Age 60 years.....months.....days.

STATISTICAL DETAILS.

SEX.....F.....COLOR.....W.....SINGLE, MARRIED, WID., DIV.....WID

Maiden Name.....ROOS

Husband's Name.....FRED HAYES

Birthplace.....-----

Name of Father.....PHILLIP ROOS

Birthplace of Father.....ENGLAND

Maiden Name of Mother.....-----

Birthplace of Mother.....-----

Occupation.....AT HOME

Informant.....

Place of Burial or removal.....WINTHROP(WINTHROP CEM)

Undertaker.....W.E.SKAGGS
WINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from.....1912, to.....1912,
that to the best of my knowledge and belief death occurred, on the
date stated above, and that the CAUSE OF DEATH was as follows :Primary: } ARTERIO-SCLEROSIS -
(Duration) }
HYPERTROPHY & DILA.OF HEART
YEARSContributory: }
(Duration) }

(Signed).....H.L.LANGNECKER.....M.D.

JAN.18.....1912

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSP.T. 2 DYS

Usual Residence.....WINTHROP

Filed.....JAN.20.....1912

A true copy.
Attest:

EWM Glenen

Registrar.

Jan. 18, 1912

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 10 *Ralph Winthrop St.*)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Ward

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Jennie A. Smith

3 RESIDENCE

Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

W.

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Widowed

7 DATE OF BIRTH

7 (Month) *14* (Day) *1865* (Year)

8 AGE

46 yrs. *6* mos. *8* ds. or LESS than 1 day, hrs. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work...

At home

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE (State or country)

New York

11 NAME OF FATHER

Harren A. Hatch

12 BIRTHPLACE OF FATHER (State or country)

Maine

13 MAIDEN NAME OF MOTHER

Burton

14 BIRTHPLACE OF MOTHER (State or country)

N.Y.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

16

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Jan

(Month)

22 (Day) *1912* (Year)

I HEREBY CERTIFY that I attended deceased from

Dec. 14th, 1912, to *Jan. 22nd*, 1912, that I last saw her alive on *Jan. 22nd*, 1912, and that death occurred, on the date stated above, at *8 P.* m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(Duration) *2* yrs. *0* mos. *0* ds.

Contributory *Almonsey Dedrick*
(SECONDARY)

(Duration) yrs. mos. *4* ds.

(Signed)

M. J. Porter M.D.

(Address) *Winthrop, Mass.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Pine Grove Cem., Lynn *1-25*, 1912

20 UNDERTAKER

ADDRESS

M. C. Skaggs *Winthrop*

N. B. - Every item of information should be fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *torsemia*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), "9 ds.; *Broncho-pneumonia* (secondary), "10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

1 PLACE OF DEATH

Melrose Hospital (No. *Winthrop Street* St. *—* Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Enphernia Ferguson

[If married or divorced woman or widow give maiden name, also name of husband.]

wife of Robert Ferguson - Hall

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

1882
(Month) (Day) (Year)

8 AGE

29 yrs. *X* mos. *X* ds. or min.?

If LESS than 1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Stewarton Scotland

11 NAME OF FATHER

Thomas Hall

12 BIRTHPLACE OF FATHER

(State or country)

Stewarton Scotland

13 MAIDEN NAME OF MOTHER

Grizel Currie

14 BIRTHPLACE OF MOTHER

(State or country)

England

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Robert Ferguson

(Address)

76 Fremont St.

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

January *22*, 191*2*
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

Jan 20, 191*2*, to *Jan 22*, 191*2*,

that I last saw her alive on *Jan 22*, 191*2*

and that death occurred, on the date stated above, at *8 a m.*

The CAUSE OF DEATH* was as follows:

Puerperal Eclampsia

Contributory.
(SECONDARY)

(Duration) yrs. mos. *2* ds.

Delivory

(Signed)

(Duration) yrs. mos. ds.

Jan 24, 191*2* (Address) *Winthrop Mass*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. *2* ds. In the State yrs. *10* mos. ds.

Where was disease contracted, If not at place of death? *76 Fremont St Winthrop*

Former or usual residence *76 Fremont St Winthrop Mass*

19 PLACE OF BURIAL OR REMOVAL

Scotland

DATE OF BURIAL

Feb, 191*2*

20 UNDERTAKER

OR Bennett

ADDRESS

Winthrop Mass

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Trill engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Korean*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonium*, etc., (*rachnion*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

¹ PLACE OF DEATH(No. *6*)St. *...*Ward *...*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

² FULL NAME *John William*

[If married or divorced woman or widow give maiden name, also name of husband.]

^a RESIDENCE *...*Registered No. *...***PERSONAL AND STATISTICAL PARTICULARS**³ SEX *Male*⁴ COLOR OR RACE *White*⁵ SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Single*⁶ DATE OF BIRTH(Month) *...*(Day) *...*(Year) *...*⁷ AGE

If LESS than 1 day, hrs.

yrs. *...*mos. *...*ds. *6*

or, min. ?

⁸ OCCUPATION(a) Trade, profession, or particular kind of work *...*(b) General nature of industry, business, or establishment in which employed (or employer) *...*⁹ BIRTHPLACE (State or country) *...*¹⁰ NAME OF FATHER *...*¹¹ BIRTHPLACE OF FATHER (State or country) *...*¹² MAIDEN NAME OF MOTHER *...*¹³ BIRTHPLACE OF MOTHER (State or country) *...*¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE(Informant) *...*(Address) *...*Filed *...*191 *...*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH¹⁶ DATE OF DEATH(Month) *Jan*

22 (Day)

1912 (Year)

¹⁷ I HEREBY CERTIFY that I attended deceased from*Jan 21, 1912, to Jan 22, 1912,*
that I last saw him alive on *Jan 21, 1912,*
and that death occurred, on the date stated above, at *7 A.m.*

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart
pneumonia
a dilatation (Duration) *...* yrs. *...* mos. *7* ds.Contributory (SECONDARY) *Pneumonia*(Duration) *...* yrs. *...* mos. *2* ds.(Signed) *William H. Traeger*

M.D.

Jan 23, 1912 (Address) *66 Park St. B*

If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death, yrs. mos. ds. In the State, yrs. mos. ds.

Where was disease contracted, if not at place of death? *...*Former or usual residence *...*¹⁹ PLACE OF BURIAL OR REMOVAL *...*

DATE OF BURIAL

*Jan 24, 1912*²⁰ UNDERTAKER *...*ADDRESS *...*

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Korean*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritonæum, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Snakebite*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop

(No. 40 Trident Ave St.

Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Plakias

3 RESIDENCE

40 Trident Ave Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

Jan. 22, 1912 (Month) (Day) (Year)

7 AGE

If LESS than 1 day, 1 hrs.

..... yrs. mos. ds. or, min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work,

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Winthrop Mass.

10 NAME OF FATHER

Alhannas Plakas

11 BIRTHPLACE OF FATHER

(State or country)

Greece

12 MAIDEN NAME OF MOTHER

Georgia Plakas

13 BIRTHPLACE OF MOTHER

(State or country)

Greece

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Alhannas Plakas (Address) 40 Trident Ave

Filed

191

REGISTRAR

16 DATE OF DEATH

Jan. 22, 1912 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Jan. 22, 1912, to Jan. 22, 1912, that I last saw him alive on Jan. 22, 1912, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Prolapsed Umbilical Cord

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

Hydroxia

(Duration) yrs. mos. ds.

(Signed) Delbert S. Jackson, M.D.

Jan. 22, 1912 (Address) 366 Commonwealth Ave

* If death followed injury or violence the certificate shall be filled out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Winthrop Boston

DATE OF BURIAL

Jan. 22, 1912

20 UNDERTAKER

Alhannas Plakas

ADDRESS

120 Haver St. Boston

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Jan. 22, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Steel engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningis, peritonaeum, etc., (*Curculione*, *Sarcocoe*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. New Winthrop Hotel St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

William F. Haake

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Hyde Park - 17 Safford St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

Sept 6, 1867

(Month)

(Day)

(Year)

7 AGE

44 yrs. 4 mos. 24 ds.

If LESS than 1 day, hrs.

or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Traveling Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(Barto Hkros)

9 BIRTHPLACE

(State or country)

Williamsburg, Mass

10 NAME OF FATHER

William F. Haake

11 BIRTHPLACE OF FATHER

(State or country)

Germany

12 MAIDEN NAME OF MOTHER

Dena Schroder

13 BIRTHPLACE OF MOTHER

(State or country)

Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Henry C. Haake

(Address)

11 Orchard St. Newton Mass

Filed

191

REGISTRAR

15 DATE OF DEATH

Jan. 28, 1912

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Poisoning by paraldehyde, circumstances in detail minute, not homicidal

[Found dead in bed]

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

George Rogers Maynard

M.D.

Jan 29, 1912

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

St. John's Mass

DATE OF BURIAL

Jan 31, 1912

20 UNDERTAKER

Lewis Jones Son

ADDRESS

50 La Grange St. Boston

STANDARD CERTIFICATE OF DEATH.

Jan. 29, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningis, peritonaeum, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Broncho-pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Trauma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Eraposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

1 PLACE OF DEATH

Winthrop Mass (No. *111 Highland Ave* St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Winthrop

Harriet Elizabeth Hartshorn
Eugene H. Husband — Reed
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*
(Write the word)

6 DATE OF BIRTH *Oct 22 1843*
(Month) (Day) (Year)

7 AGE *68* yrs. *3* mos. *10* ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work *at Home*
(b) General nature of industry, business, or establishment in which employed (or employer) *Housewife*

9 BIRTHPLACE (State or country) *Salem Mass*

10 NAME OF FATHER *Isaac Reed*

11 BIRTHPLACE OF FATHER (State or country) *Sudbury Mass*

12 MAIDEN NAME OF MOTHER *Emmie Tibbels*

13 BIRTHPLACE OF MOTHER (State or country) *Taunton Mass*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mrs Ruth Wells*
(Address) *3 Walnut St Wrentham*

16 DATE OF DEATH *January 31 1912*
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from *January 25, 1912*, to *January 31, 1912*, that I last saw her alive on *January 31, 1912*, and that death occurred, on the date stated above, at *Taunton*.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia of right lung.
(Chronic Myocarditis.)

(Duration) — yrs. — mos. *7* ds.
Contributory *Acute dilatation of heart.*
(SECONDARY) (Duration) — yrs. — mos. *one* ds.

(Signed) *Letitia Douglas Adams* M.D.
February 1, 1912 (Address) *139 Cliff Ave Winthrop*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Winthrop Burial* DATE OF BURIAL *Feb 2 1912*

20 UNDERTAKER *E R Berman* ADDRESS *Winthrop*

STANDARD CERTIFICATE OF DEATH.

Jan. 31, 1912.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Trill engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic-service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Drenia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ergotism*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town.)

1 PLACE OF DEATH

Winthrop

(No. 5

Myrtle

Ave

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Ellen M. Callinane

[If married or divorced woman or widow give maiden name, also name of husband.]

Charles - Mahoney

a RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widowed

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

If LESS than 1 day, hrs.

87

yrs.

mos.

ds.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

at home

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country)

Ireland

10 NAME OF FATHER

Daniel

11 BIRTHPLACE OF FATHER (State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Cora J. Callinane

(Address)

5 Myrtle Ave

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

February

3

1912

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I attended deceased from

Sept

1911

Feb

1912

that I last saw her alive on

Feb

3

1912

and that death occurred, on the date stated above, at

4 P.M.

The CAUSE OF DEATH* was as follows:

Senile Arterio Sclerosis

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Harvey W. Kelly

M.D.

Feb 7, 1912 (Address) 163 Winthrop St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Holy Cross Cem

DATE OF BURIAL

Feb 6 1912

20 UNDERTAKER

Keating Mitchell

ADDRESS

372 W. Main St
Quincy Mass

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer*—(*odd night*, etc. Women at home, who are engaged in the duties of the household only (not paid *housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., (*tubercle*, *Sarcocoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), "as a contributory pneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Strangulation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wintthrop

(No. 225)

Phasant

St.:

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Francesca Jenkinsburg

[If married or divorced woman or widow give maiden name, also name of husband.]

Pondleton - Chas. S.

3 RESIDENCE

225 Phasant St. Wintthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

W.

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

7 DATE OF BIRTH

Mar 19, 1881

8 AGE

71 yrs. 10 mos. 19 ds.

If LESS than 1 day, hrs. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

At home

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE

(State or country)

Yonkers N.Y.

11 NAME OF FATHER

Jonathan Pondleton

12 BIRTHPLACE OF FATHER

(State or country)

Yonkers N.Y.

13 MAIDEN NAME OF MOTHER

Emilie Linkwater

14 BIRTHPLACE OF MOTHER

(State or country)

Lincolnville Me.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Eugene J. Jenkinsburg

(Address) 225 Phasant St.

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Feb 7, 1912

I HEREBY CERTIFY that I attended deceased from

Feb 5, 1912, to Feb 7, 1912,

that I last saw him alive on Feb 6, 1912,

and that death occurred, on the date stated above, at 1:59 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvula Heart Disease

(Duration) 10 yrs. — mos. — ds.

Contributory (SECONDARY)

Bronchial Asthma

(Duration) — yrs. — mos. 4 ds.

(Signed)

Feb 8, 1912 (Address) Wintthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. — mos. — ds. In the State yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Wintthrop Cem.

DATE OF BURIAL

Feb. 10, 1912

20 UNDERTAKER

ADDRESS

W. D. Brown, Wintthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Traemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. *179* *Winthrop* St.;

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Frances H. Simpson

[If married or divorced woman or widow give maiden name, also name of husband.]

Widow of Jnos. Simpson

3 RESIDENCE

179 Winthrop St. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Unmarried

6 DATE OF BIRTH

+

2

X

1912

(Month)

(Day)

(Year)

7 AGE

66 yrs. *10* mos. *15* ds.

If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

At home

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country)

N. B.

10 NAME OF FATHER

John Brown

11 BIRTHPLACE OF FATHER (State or country)

N. B.

12 MAIDEN NAME OF MOTHER

Graham

13 BIRTHPLACE OF MOTHER (State or country)

N. B.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

B. C. Peterson

(Address)

179 Winthrop St

15 DATE OF DEATH

Feb.

(Month)

11

(Day)

1912

(Year)

17 I HEREBY CERTIFY that I attended deceased from

Feb. 7th, 1912, to *Feb. 11th*, 1912,

that I last saw her alive on *Feb. 11th*, 1912,

and that death occurred, on the date stated above, at *7 P. m.*

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. *5* ds.

Contributory (SECONDARY)

Pulmonary Edema

(Duration) yrs. mos. *2* ds.

(Signed)

William F. Porter

M.D.

Feb. 13, 1912 (Address) *Winthrop*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Woodlawn Cem

DATE OF BURIAL

2-14, 1912

20 UNDERTAKER

H. C. Shapen

ADDRESS

Winthrop

Filed

191

REGISTRAR

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Karner* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Koreanan*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Karner (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*tubercle*, *Scrofula*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Trauma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Worcester
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Worcester

(No. *210 Shore Drive* St.; Ward)

Ward)

2 FULL NAME

George Forrest Williams

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

210 Shore Drive

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

April

22

1888

(Month)

(Day)

(Year)

7 AGE

44 yrs.

8 mos.

22 ds.

If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Launceston - Mass.

10 NAME OF FATHER

George W. Williams

11 BIRTHPLACE OF FATHER

(State or country)

Cambridge, Mass.

12 MAIDEN NAME OF MOTHER

Sarah E. Burnham

13 BIRTHPLACE OF MOTHER

(State or country)

Worcester, Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C. R. Burnham

(Address)

Worcester, Mass.

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

February 14th 1912
(Month) *Feb* (Day) *14* (Year) *1912*

17 I HEREBY CERTIFY that I attended deceased from

Feb. 1st 1909, to Feb. 14th 1912

that I last saw him alive on *Feb. 14th 1912*

and that death occurred, on the date stated above, at *6 P. m.*

The CAUSE OF DEATH* was as follows:

arterio-sclerosis

about three years
(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Edw. M. Harding M.D.

Feb 15, 1912 (Address) *74 Bay State St. Boston, Mass.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.mos.ds. State.....yrs.mos.ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Cambridge, Mass.

DATE OF BURIAL

2/18 1912

20 UNDERTAKER

C. R. Burnham

ADDRESS

Worcester

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Weld engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., *Tubercle*, *Stomach*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Struck*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Worcester

(No.

14 Forest St

St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Waller, Edward McTear

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

14 Forest St Worcester

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,

MARRIED,

WIDOWED,

OR DIVORCED

(Write the word)

Single

6 DATE OF BIRTH

Feb

28

1910

(Month)

(Day)

(Year)

7 AGE

3

mos.

10

ds.

If LESS than

1 day.....hrs.

or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Worcester, Mass

10 NAME OF FATHER

Waller, H.

11 BIRTHPLACE OF FATHER

(State or country)

St John N.B.

12 MAIDEN NAME OF MOTHER

Agnes. McAuley

13 BIRTHPLACE OF MOTHER

(State or country)

St John N.B.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C Ridenour

(Address)

Worcester

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb

(Month)

15

(Day)

1912

(Year)

17 I HEREBY CERTIFY that I attended deceased from

Feb 13, 1912, to Feb 15, 1912,

that I last saw him alive on Feb 15, 1912,

and that death occurred, on the date stated above, at 10 am.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

2

(Duration)

yrs.mos.ds.

Contributory

(SECONDARY)

(Duration)

yrs.mos.ds.

(Signed)

Yancy M. Kelly

M.D.

Feb 12, 1912 (Address) 263 Wintthrop St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.mos.ds. State.....yrs.mos.ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Worcester, Mass

DATE OF BURIAL

2, 1912

20 UNDERTAKER

C Ridenour

ADDRESS

Worcester

STANDARD CERTIFICATE OF DEATH.

Feb. 15, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *torchioma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), "9 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 64

Summerset

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Electa Bacon

[If married or divorced woman or widow give maiden name, also name of husband.]

Sanders James Bacon

3 RESIDENCE

64 Summerset Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widowed

7 DATE OF BIRTH

6

(Month)

7

(Day)

1876

(Year)

8 AGE

75

hrs.

8

mos.

15

ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work...

at home

(b) General nature of industry, business, or establishment in which employed (or employer).....

10 BIRTHPLACE

(State or country)

Charleston N.H.

11 NAME OF FATHER

Joseph Sanders

12 BIRTHPLACE OF FATHER

(State or country)

Unknown

13 MAIDEN NAME OF MOTHER

Fidelia Holbrook

14 BIRTHPLACE OF MOTHER

(State or country)

Alstead N.H.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Willard M. Bacon

(Address)

64 Summerset

16

Filed..

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

July

(Month)

22

(Day)

1912

(Year)

I HEREBY CERTIFY that I attended deceased from

May

1909

to

July 22

1912

that I last saw her alive on July 21, 1912 and that death occurred, on the date stated above, at 6:45 am

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

about 2 1/2

Duration

mos.

ds.

Contributory (SECONDARY)

(Duration)

hrs.

mos.

ds.

(Signed)

July 22, 1912

(Address)

Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

of death

hrs.

mos.

ds.

In the

State

hrs.

mos.

ds.

Where was disease contracted,

If not at place of death?

Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop Mass

DATE OF BURIAL

July 24, 1912

20 UNDERTAKER

W.C. Shaggs

ADDRESS

Winthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Feb. 22, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., (*tubercle, Scrofula*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Execution*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop

(No. *20*)

Belcher

St. —

Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Henry Francis Coffin

3 RESIDENCE

20 Belcher St Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR-DIVORCED (Write the word)

Married

6 DATE OF BIRTH

May 7

(Month) (Day)

1888 (Year)

7 AGE

53 yrs. *9* mos. *16* ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country)

Prince Edwards Island

10 NAME OF FATHER

James Henry Coffin

11 BIRTHPLACE OF FATHER (State or country)

Prince Edwards Island

12 MAIDEN NAME OF MOTHER

Margaret Handrahan

13 BIRTHPLACE OF MOTHER (State or country)

Prince Edwards Island

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Amelia A. Belcher

(Address)

715 Atlantic St Winthrop

Filled

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb.

(Month)

24

(Day)

1912 (Year)

16 I HEREBY CERTIFY that I attended deceased from

Feb. 19, 1912, to *Feb. 24*, 1912,

that I last saw him alive on *Feb. 22*, 1912,

and that death occurred, on the date stated above, at *2 P.* m.

The CAUSE OF DEATH* was as follows:

Polar Pneumonia

(Duration) yrs. mos. *5* ds.

Contributory (SECONDARY)

Pulmonary edema

(Duration) yrs. mos. *2* ds.

(Signed)

Wm. Power

M.D.

Feb. 24, 1912 (Address) *Winthrop, Mass.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

18 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross Cemetery

Feb 25, 1912

19 UNDERTAKER

ADDRESS

John F. O'Reilly

79 Atlantic St

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

108. 24, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furniture laborer*, *Laborer*—*coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated (thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningis, peritonaeum, etc., (*Ureina*, *Sarcina*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenias," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Hyperaesthesia*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. ...)

Winthrop

St. ...

Ward ...

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Minnie C. Smallman

(a) Cook - (b) Edwin E. Smallman

3 RESIDENCE

49 Cottage Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

F

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

3 21 1857
(Month) (Day) (Year)

8 AGE

55 yrs. 11 mos. 3 ds.

If LESS than 1 day, ... hrs. or ... min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

At home

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

N.S.

11 NAME OF FATHER

Geo. Cook

12 BIRTHPLACE OF FATHER (State or country)

N.S.

13 MAIDEN NAME OF MOTHER

Jane Brown

14 BIRTHPLACE OF MOTHER (State or country)

N.S.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Edwin E. Smallman
49 Cottage Ave.

16 DATE OF DEATH

Feb. 26, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Feb. 24, 1912, to Feb. 26, 1912;
that I last saw her alive on Feb. 26, 1912;
and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis (Operative)
(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY)

Epileptiform of Convuls.
(Duration) ... yrs. ... mos. ... ds.

(Signed)

William J. ... M.D.
... 1912 (Address) ...

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. ... mos. 4 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

49 Cottage Ave

Former or usual residence

49 Cottage Ave.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Trans N.S.

Mar. 1, 1912

20 UNDERTAKER

ADDRESS

W. C. Shieffs

Winthrop

Filed

191

REGISTRAR

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *tubercula*, *Scrofula*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecstasy*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 614, Shirley

St. ; Ward)

4008
Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Edgar G. Hubbel Jr

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

614 Shirley Street

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

July 3, 1892
(Month) (Day) (Year)

7 AGE

69 yrs. 7 mos. 22 ds. If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work General Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Tooth Brush Company

9 BIRTHPLACE (State or country)

Hudson N. Y.

10 NAME OF FATHER

Geo. C. Hubbel

11 BIRTHPLACE OF FATHER (State or country)

Hudson N. Y.

12 MAIDEN NAME OF MOTHER

Ann Pinkham

13 BIRTHPLACE OF MOTHER (State or country)

Hudson N. Y.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Edgar G. Hubbel Jr

(Address)

Winthrop Mass

Filed, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH

Feb 29, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural Causes:
Heart disease, probably
Coronary Sclerosis
(Sudden death)

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

George Burgess Maynard

M.D.

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop Tomb

DATE OF BURIAL

3/3, 1912

20 UNDERTAKER

C. R. Benson

ADDRESS

Winthrop Mass

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Ivanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop Mass (No. *115 Loring Road* St. *...* Ward *...*)

2 FULL NAME

Charles Frederick Moore

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

115 Loring Road

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Married*

6 DATE OF BIRTH

Feb 7, 18*77* (Month) (Day) (Year)

7 AGE

40 yrs. *X* *27* mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work *Manager*

(b) General nature of industry, business, or establishment in which employed (or employer) *Liquor Business*

9 BIRTHPLACE (State or country)

Long Island N. Y.

10 NAME OF FATHER

Chas. A. Moore

11 BIRTHPLACE OF FATHER (State or country)

Long Island

12 MAIDEN NAME OF MOTHER

Amelia Pattilbon

13 BIRTHPLACE OF MOTHER (State or country)

N. Y. City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Chas R Bernum*

(Address) *Winthrop Mass*

15

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb 30, 1912 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Jan 26, 1912, to *Feb 30*, 1912, that I last saw him alive on *Feb 30*, 1912,

and that death occurred, on the date stated above, at *7 P* m.

The CAUSE OF DEATH* was as follows:

Duodenal ulcer

(Duration) yrs. *1* mos. *13* ds.

Contributory (SECONDARY) *Septic pneumonia*

(Duration) yrs. mos. *7* ds.

(Signed) *D. J. Porter* M.D.

Feb 4, 1912 (Address) *Winthrop*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Brooklyn N. Y.

DATE OF BURIAL

3/6, 1912

20 UNDERTAKER

C R Bernum

ADDRESS

Winthrop

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Veil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Splinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Koreanan*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus, *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Pneumo-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asplenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecstasy*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

Winthrop Mass (No. Metcalf Hospital St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Arthur Jackson

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE 36 Bellvue Ave Winthrop Mass Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED

married (Write the word)

7 DATE OF BIRTH

Oct 14 1972 (Month) (Day) (Year)

8 AGE

40 yrs. 4 mos. 20 ds.

If LESS than

1 day.....hrs.

or.....min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Dentist

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Boston Mass

11 NAME OF FATHER

Joseph Jackson

12 BIRTHPLACE OF FATHER

(State or country)

Burnham Me

13 MAIDEN NAME OF MOTHER

Clara Shute

14 BIRTHPLACE OF MOTHER

(State or country)

Charleston Me

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs Arthur Jackson - Widow

(Address)

36 Bellvue Ave Winthrop

Filed....., 191.....

REGISTRAR

16 DATE OF DEATH

March 5 1912 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Feb 21 1912 to March 5 1912

that I last saw him alive on March 5 1912

and that death occurred, on the date stated above, at 8:5 a.m.

The CAUSE OF DEATH* was as follows:

Acute Gangrenous Appendicitis

13 days (Duration).....yrs.....mos. 13 ds.

Contributory (SECONDARY)

Toxemia

(Duration).....yrs.....mos. 4 ds.

(Signed) George D French M. D.

March 5 1912 (Address) 300 Pleasant St Winthrop

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death.....yrs.....mos. 13 ds. State 40 yrs 4 mos 20 ds.

Where was disease contracted, 36 Bellvue Ave Winthrop

If not at place of death? Same

19 PLACE OF BURIAL OR REMOVAL

Met Hope Cemetery Boston Mass

DATE OF BURIAL

Mar 7 1912

20 UNDERTAKER

Chas. E Chester

ADDRESS

Union Church Boston Mass

Standard Certificate of Death.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*;

Broncho-pneumonia ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *20 ds.*; *Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town.)

1 PLACE OF DEATH

Wentworth

(No. *119* Hermon

St. ;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Marietta V. Allen

[If married or divorced woman or widow give maiden name, also name of husband.]

Widow of Eustace W.

3 RESIDENCE

Wentworth

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

77 yrs. *6* mos. *8* ds.

If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Taftsville VT

10 NAME OF FATHER

Ezekiel Vaughan

11 BIRTHPLACE OF FATHER

(State or country)

Starkbridge VT

12 MAIDEN NAME OF MOTHER

Hannah Perkins

13 BIRTHPLACE OF MOTHER

(State or country)

Starkbridge VT

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Chas. R. Bennett

(Address)

Wentworth

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March 8, 191*2*
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

1905 to *March 8*, 191*2*

that I last saw him alive on *March 8*, 191*2*

and that death occurred, on the date stated above, at *11:00* m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) *15* yrs. — mos. — ds.

Contributory (SECONDARY)

arterio sclerosis

(Duration) — yrs. — mos. — ds.

(Signed)

D. Johnson

M.D.

March 10, 191*2* (Address) *Wentworth Mass*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

E. Barnard Cemetery Vermont

3/11, 191*2*

20 UNDERTAKER

ADDRESS

C. R. Bennett

Wentworth

STANDARD CERTIFICATE OF DEATH.

Weld. 8, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Tire engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*uræmia*, *Scurvy*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; (*Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Thirlhops

(No. *109* *Boudoir* St. ;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Sarah M. Hall

[If married or divorced woman or widow give maiden name, also name of husband.]

(William) James J. Hall

3 RESIDENCE

107 Boudoir St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

(Month)

(Day)

(Year)

1882

7 AGE

If LESS than 1 day, hrs.

30 yrs. — mos. — ds.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

at home

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country)

Wales

10 NAME OF FATHER

Hugh Williams

11 BIRTHPLACE OF FATHER (State or country)

Wales

12 MAIDEN NAME OF MOTHER

Mary Jones

13 BIRTHPLACE OF MOTHER (State or country)

Wales

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Jack Williams
107 Boudoir St.

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March

9

, 191*2*

(Month)

(Day)

(Year)

I HEREBY CERTIFY that I attended deceased from

March 8, 191*2*, to *March 9*, 191*2*

that I last saw her alive on *March 9*, 191*2*,

and that death occurred, on the date stated above, at *10* P. M.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis and Diabetes Mellitis

Several

yrs. — mos. — ds.

Contributory (SECONDARY)

(Duration)

yrs. mos. ds.

(Signed)

March 12, 191*2*

(Address)

Thirlhops

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Thirlhops

3-12, 191*2*

20 UNDERTAKER

ADDRESS

H. C. Shapp *Thirlhops*

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

week 9, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., *Carcinoma*, *Scrofula*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

PLACE OF DEATH

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

DATE OF BIRTH

AGE

If LESS than 1 day, hrs. or min. ?

OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY that I attended deceased from

March 9, 1912, to March 9, 1912, that I last saw him alive on March 9, 1912, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Chas. F. Mahoney, M.D.

March 9, 1912. (Address) 304 North St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death ?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

St. Joseph W.P. Mar 12, 1912

UNDERTAKER

ADDRESS

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Steel engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—(*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Turner (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonæum, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Stricture*, *Intoxication*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wenchof

(No. *11* *Perkins* St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Emily Baker

[If married or divorced woman or widow give maiden name, also name of husband.]

Widow of William

3 RESIDENCE

Wenchof

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

47 yrs. *4* mos. *28* ds.

If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Ham Desser

(b) General nature of industry, business, or establishment in which employed (or employer)

Owner of ~~Cafe~~

9 BIRTHPLACE (State or country)

New York City

10 NAME OF FATHER

James Rogers

11 BIRTHPLACE OF FATHER (State or country)

Unknown

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (State or country)

c *7*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

E R Bennett

(Address)

Wenchof Mass

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov. 7, 191*2*
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Nov. 30, 191*2*, to *Dec. 9*, 191*2*,

that I last saw him alive on *Dec. 8*, 191*2*,

and that death occurred, on the date stated above, at *12:30* m.

The CAUSE OF DEATH* was as follows:

Emphysema of Lungs

(Duration) *2* yrs. mos. ds.

Contributory *Asthma*

(SECONDARY)

(Duration) *1* yrs. mos. ds.

(Signed) *M. J. Porter*, M.D.

Dec. 10, 191*2* (Address) *Wenchof, Mass*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death ?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Wenchof Mass

3/10, 191*2*

20 UNDERTAKER

ADDRESS

E R Bennett

Wenchof

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Vol. 9, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Mill engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness, the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., (*tuberculous*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Pneumo-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Eremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL septicæmia," "PERIPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ergotism*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

1 PLACE OF DEATH

Winthrop Mass (No. 28 Oakland
on Taunton

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Francis Levee

3 RESIDENCE

28 Oakland St Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

M

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

M

7 DATE OF BIRTH

(Month)

(Day)

(Year)

8 AGE

68

yrs.

mos.

ds.

If LESS than 1 day, hrs. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Canada

11 NAME OF FATHER

Francis

12 BIRTHPLACE OF FATHER

(State or country)

Canada

13 MAIDEN NAME OF MOTHER

Mary Hall

14 BIRTHPLACE OF MOTHER

(State or country)

Canada

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Daughter

Winthrop Mass Calvary

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

March (Month)

16 (Day)

1912 (Year)

18 I HEREBY CERTIFY that I attended deceased from

Feb. 11, 1912, to Mar. 16, 1912

that I last saw him alive on Mar. 15, 1912

and that death occurred, on the date stated above, at 6:05 p.m.

The CAUSE OF DEATH* was as follows:

Heart Disease

Asthma (Cardiac)

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)

Age Bronchitis

(Duration) yrs. mos. ds.

(Signed) A. B. Dorman

M.D.

Mar. 18, 1912 (Address)

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

20 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

21 UNDERTAKER

ADDRESS

B. Chertley

March 18, 1912

C. Boston

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Iron laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Uraemia*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 20 Winthrop

St. Ward)

Ward)

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Anna A. Lindsey

[If married or divorced woman or widow give maiden name, also name of husband.]

Widow of Col. R. A. Lindsey - H. A. Lindsey

4 RESIDENCE

Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widowed

6 DATE OF BIRTH

May

20

1844

7 AGE

67 yrs.

mos.

ds.

If LESS than 1 day, hrs.

or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Winthrop Mass

10 NAME OF FATHER

Geo. W. Howe

11 BIRTHPLACE OF FATHER

(State or country)

Winthrop Mass

12 MAIDEN NAME OF MOTHER

Betsey Corbett Perry

13 BIRTHPLACE OF MOTHER

(State or country)

Winthrop Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

R. A. Lindsey

(Address)

Winthrop Mass

15

Filed

1912

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March

(Month)

16

(Day)

1912

(Year)

17 I HEREBY CERTIFY that I attended deceased from

March 7, 1912, to March 16, 1912,

that I last saw him alive on March 16, 1912,

and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration)

yrs.

mos.

10 ds.

Contributory (SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

W. A. Kelly

M.D.

3/18, 1912

(Address)

263 Winthrop St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death

yrs.

mos.

In the State

yrs.

mos.

ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop Mass

DATE OF BURIAL

Mar 20, 1912

20 UNDERTAKER

R. A. Lindsey

ADDRESS

Winthrop

N. B. - Every item of information supplied AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Irritation," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gris Poisoning*, *Suicide*, *Monicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ergotism*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Worcester
(City or town.)

1 PLACE OF DEATH

Worcester

(No. *53 Beal*

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Charles. Titus Emory Clough

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

53 Beal St Worcester

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,

MARRIED,

WIDOWED,

OR DIVORCED

(Write the word)

Married

6 DATE OF BIRTH

April

25

1841

(Month)

(Day)

(Year)

7 AGE

70

yrs.

10

mos.

23

ds.

If LESS than

1 day.....hrs.

or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Edlington Me

10 NAME OF FATHER

Billings Clough

11 BIRTHPLACE OF FATHER

(State or country)

Enfield Me

12 MAIDEN NAME OF MOTHER

Emily Whitney

13 BIRTHPLACE OF MOTHER

(State or country)

Haverhill Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C R Bennett

(Address)

Worcester Mass

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March

18

1912

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I attended deceased from

March 8

1912

to

March 18

1912

that I last saw him alive on

March 16

1912

and that death occurred, on the date stated above, at *6 A* m.

The CAUSE OF DEATH* was as follows:

General Arterio Sclerosis

2 (Duration)

yrs.

mos.

ds.

Contributory

(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

Yusef M. Kell

M.D.

3/8/

1912

(Address)

263 W. North St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

of death

yrs.

mos.

ds.

In the

State

yrs.

mos.

ds.

Where was disease contracted,

If not at place of death?

Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Worcester Cemetery

3/18

1912

20 UNDERTAKER

ADDRESS

C R Bennett

Worcester

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Tail engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Iron laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*uræmia*, *Starvation*, etc., of . . . (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Hæmition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winchest
(City or town.)

1 PLACE OF DEATH

Winchest

(No. *5-6 Park ave* St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Frances Mary Crowbridge

[If married or divorced woman or widow give maiden name, also name of husband.]

widow of Geo. H. Crowbridge

3 RESIDENCE

71 in the

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

female

5 COLOR OR RACE

white

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

7 DATE OF BIRTH

April

14

1841

(Month)

(Day)

(Year)

8 AGE

70

yrs.

11

mos.

6

ds.

If LESS than 1 day.....hrs.

or.....min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.....

at home

(b) General nature of industry, business, or establishment in which employed (or employer).....

10 BIRTHPLACE

(State or country)

Chelsea Mass

11 NAME OF FATHER

Thomas H. Seward

12 BIRTHPLACE OF FATHER (State or country)

England

13 MAIDEN NAME OF MOTHER

Margaret Ann Dexter

14 BIRTHPLACE OF MOTHER (State or country)

Boston

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....

Mrs. Freda

(Address)

56 Park ave Winchest

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March
(Month)

20th
(Day)

1912
(Year)

17 I HEREBY CERTIFY that I attended deceased from

March 15, 1912, to *March 20*, 1912,

that I last saw her alive on *19 March*, 1912,

and that death occurred, on the date stated above, at *8* A. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. *5* ds.

Contributory (SECONDARY)

Valvular disease of heart

(Duration) yrs. mos. ds.

(Signed)

John W. Johnson

M.D.

March 20, 1912 (Address) *20 Westbury St*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Newton Cemetery Newton

DATE OF BURIAL

Mar 22, 1912

20 UNDERTAKER

Ed. J. Johnson

ADDRESS

Winchest

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Iron laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., (*carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticlike*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Self-poisoning*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

(City or town.)

Northrop

(No. *44* *Chester Ave* St. ;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Eugene B. Hill

[If married or divorced woman or widow give maiden name, also name of husband]

Buswell, Myrtou Q.

3 RESIDENCE

44 Chester Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

M

4 COLOR OR RACE

w

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

2 (Month) *3* (Day) *1874* (Year)

7 AGE

38 yrs. *1* mos. *20* ds.

If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Ludlow Vt.

10 NAME OF FATHER

Charles Buswell

11 BIRTHPLACE OF FATHER (State or country)

Wesley Vt.

12 MAIDEN NAME OF MOTHER

White

13 BIRTHPLACE OF MOTHER (State or country)

Vt.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Myrtou Q. Hill

(Address)

44 Chester Ave

15

Filed

191

REGISTRAR

16 DATE OF DEATH

March (Month) *23* (Day) *1912* (Year)

I HEREBY CERTIFY that I attended deceased from *July 15*, 1912, to *March 23*, 1912, that I last saw him alive on *March 23*, 1912, and that death occurred, on the date stated above, at *4 P* m.

The CAUSE OF DEATH* was as follows:

Septo-meningitis, cerebral ; (not cerebro-spinal meningitis)

(Duration) *X* yrs. *X* mos. *2* ds.

Contributory (SECONDARY)

General debility

(Signed)

W. H. Johnson M.D.

March 23 1912 (Address) *Wintthrop Mass*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Ludlow Vt.

March 28 1912

20 UNDERTAKER

ADDRESS

H. C. Shaggs *Northrop*

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Iron laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *tertianum*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. - Every item of information should be carefully supplied. AGE statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

CHELSEA

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Chelsea

(No. Frost Hospital

St.; Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Lena B. Kalish

[If married or divorced woman or widow give maiden name, also name of husband.]

Lena B. Wolff --- Henry C. Kalish

3 RESIDENCE

185 Circuit Rd., Winthrop, Mass.

Registered No. 158

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

January 9 1869
(Month) (Day) (Year)

7 AGE

43 yrs. 2 mos. - ds.

If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

La Porte, Ind.

PARENTS

10 NAME OF FATHER

Hugo Wolff

11 BIRTHPLACE OF FATHER (State or country)

Germany

12 MAIDEN NAME OF MOTHER

--- Henmann

13 BIRTHPLACE OF MOTHER (State or country)

Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed Mar 25, 1912

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 23, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Feb. 20, 1912, to March 23, 1912, that I last saw her alive on March 23, 1912, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

P.M.

Surgical shock following operation for Pyosalpinx. Large Fibroid Tumor of Uteris & Peritonitis
(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.
(Signed) H.E. Braddon, M.D.

March 24, 1912 (Address) East Boston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Woodlawn

DATE OF BURIAL

March 26, 1912

20 UNDERTAKER Charles Harris

ADDRESS Chelsea

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never re-
port "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop, Mass. (No. 31 Road St

St.;

Ward)

2 FULL NAME

Baby Delmyer

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

31 Road St Winthrop.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single.

6 DATE OF BIRTH

March

24

1912

(Month)

(Day)

(Year)

7 AGE

If LESS than 1 day, hrs.

or, min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)...

9 BIRTHPLACE (State or country)

Winthrop, Mass.

10 NAME OF FATHER

James C. Delmyer

11 BIRTHPLACE OF FATHER (State or country)

Ohio

12 MAIDEN NAME OF MOTHER

Mary Agnes Robicheau

13 BIRTHPLACE OF MOTHER (State or country)

Winthrop, Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Charles J. Bozko M.D.

(Address)

Fort Banks, Mass.

15 DATE OF DEATH

March

24

1912

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I attended deceased from March 24, 1912, to March 24, 1912, that I last saw him (alive or dead) on March 24, 1912, and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Delayed delivery of head causing asphyxia

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

Contracted Pilon.

(Duration) yrs. mos. ds.

(Signed)

Charles J. Bozko, Asst. Surg. M.D.

Mar. 24, 1912 (Address) Fort Banks, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Cem.

3-25

1912

20 UNDERTAKER

ADDRESS

H.C. Shaggs

Winthrop.

Filed

191

REGISTRAR

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary steam*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonitis, etc., *Carcinoma, Sarcoma, etc.*, of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Howicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ectoposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wintthrop

(No. 78 Washington Ave. St.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Daniel W. O'Brien

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

78 Washington Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

Mar 23, 1864
(Month) (Day) (Year)

7 AGE

47 yrs. 10 mos. 03 ds. or min.?

If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Phil. Pa.

10 NAME OF FATHER

James O'Brien

11 BIRTHPLACE OF FATHER (State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Kate McKenney

13 BIRTHPLACE OF MOTHER (State or country)

England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Margaret O'Brien etc.
78 Washington Ave.

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 26, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Jan 25, 1912, to March 25, 1912, that I last saw him alive on March 25, 1912, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) 5 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

L. J. Mangan

M.D.

March 26, 1912 (Address) 170 South St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

St. John's Cemetery

DATE OF BURIAL

Mar 28, 1912

20 UNDERTAKER

James H. O'Brien

ADDRESS

Wintthrop, Mass.

STANDARD CERTIFICATE OF DEATH.

—*male*, 26, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Wool engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., (*uræmia*, *septicæmia*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Worcester

(City or town.)

1 PLACE OF DEATH

Worcester Mass (No. *41 Pearl Ave* St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Ruth. W. Temple

Widow of William Henry Temple - Welch

3 RESIDENCE

41 Pearl Ave Worcester

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

female

5 COLOR OR RACE

white

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

widow

7 DATE OF BIRTH

Oct 28 1833

(Month)

(Day)

(Year)

8 AGE

78 yrs. 4 mos. 1 ds.

If LESS than 1 day.....hrs. or.....min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Barnet Vt

11 NAME OF FATHER

James. Welch

12 BIRTHPLACE OF FATHER (State or country)

Barnet Vt

13 MAIDEN NAME OF MOTHER

Cummings

14 BIRTHPLACE OF MOTHER (State or country)

Peabody Vt

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. E. W. Barker Daughter

(Address)

41 Pearl Ave Worcester

16 DATE OF DEATH

Nov 29 1912 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Nov. 29, 1912, to Nov. 29, 1912,

that I last saw her alive on *Nov. 29, 1912,*

and that death occurred, on the date stated above, at *10:00* m.

The CAUSE OF DEATH* was as follows:

Heart Failure (Duration) yrs. mos. ds.

Contributory (SECONDARY)

Stroke (Duration) yrs. mos. ds.

(Signed) *M. J. [Signature]* M.D.

Nov 30, 1912 (Address) *Worcester, Mass.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. mos. ds. In the State.....yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Reading Cemetery

DATE OF BURIAL

4/2 1912

20 UNDERTAKER

C. R. Bennett

ADDRESS

Worcester

Filed

191

REGISTRAR

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

June 29, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Trill engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Korean*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *(tubercular, Sarcoma, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Broncho-pneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.*

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticks*, *Monieche*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Worcester

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Worcester Mass (No. *54 Highland Ave* St. ; Ward)

2 FULL NAME

George W. Bradley

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

54 Highland Ave Worcester

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

Nov 16, 1885 (Month) (Day) (Year)

8 AGE

56 yrs. *4* mos. *14* ds.

If LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Common Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

Tanner & Hair Maker

10 BIRTHPLACE

(State or country)

Vergennes Vt

11 NAME OF FATHER

Chas. W. Bradley

12 BIRTHPLACE OF FATHER

(State or country)

Dorchester Mass

13 MAIDEN NAME OF MOTHER

Elenora Bradley

14 BIRTHPLACE OF MOTHER

(State or country)

Unknown Vermont

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mrs. G. W. Bradley (wife)*
(Address) *54 Highland Ave*

16 DATE OF DEATH

Nov 16, 1912, to *3/30*, 1912 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

3/16, 1912, to *3/30*, 1912

that I last saw him alive on *3/29*, 1912

and that death occurred, on the date stated above, at *8 A* m.

The CAUSE OF DEATH* was as follows:

Chronic Pyelonephritis

Contributory... (SECONDARY)

Anaemia

(Signed) *Harvey H. H. H.* M.D.

1912 (Address) *325 W. Northampton*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Crematorium Mt. Auburn

DATE OF BURIAL

4/1, 1912

20 UNDERTAKER

C. R. Bennett

ADDRESS

Worcester

Filed

1912

REGISTRAR

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Vol. 30, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Fire engine*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Jug laborer*, *Worm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningis, peritonium, etc., (*carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Strangulation*, *Suffocation*, *Ergotism*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Skinchrop

(No. *91 Marshall*

St. ; Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Cornelius Arthur Sullivan

3 RESIDENCE

91 Marshall St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

(Write the word)

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

56

yrs.

mos.

ds.

If LESS than 1 day, hrs.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Ireland

PARENTS

10 NAME OF FATHER

Michael

11 BIRTHPLACE OF FATHER (State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Mary Kelly

13 BIRTHPLACE OF MOTHER (State or country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

George B. Sullivan
91 Marshall St.

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April

2

191*2*

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I attended deceased from

Feb 20, 191*2*, to *April 2*, 191*2*,

that I last saw him alive on *April 2*, 191*2*,

and that death occurred, on the date stated above, at *10* P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of neck

2

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) *Harvey J. Kelly*, M.D.

4/3, 191*2* (Address) *325 Winthrop St.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Holy Cross

DATE OF BURIAL

April 5, 191*2*

20 UNDERTAKER

Thomas J. Lane

ADDRESS

120 State St. E.B.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., (*carcinoma, Sarcoma, etc.*, of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal, septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide, etc.*
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Exposure, etc.*
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism, etc.*
4. Deaths under circumstances unknown, as *A person found dead, etc.*

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Wentworth (No. *799 Shirley* St.; Ward)

2 FULL NAME

Marshall Elliot Whittier
[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

799 Shirley St. Wentworth

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Single

7 DATE OF BIRTH

May 18 1910
(Month) (Day) (Year)

8 AGE

1 yrs. 10 mos. 17 ds.

If LESS than 1 day, hrs. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work...

(b) General nature of industry, business, or establishment in which employed (or employer)...

10 BIRTHPLACE

(State or country)

Wentworth Mass

11 NAME OF FATHER

Eugene P. Whittier

12 BIRTHPLACE OF FATHER

(State or country)

Boston

13 MAIDEN NAME OF MOTHER

Olivia F. Marshall

14 BIRTHPLACE OF MOTHER

(State or country)

Boston

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Eugene P. Whittier
799 Shirley St

(Address)

16 DATE OF DEATH

Apr. 4, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Apr. 22, 1912, to Apr. 4, 1912,

that I last saw him alive on *Apr. 4, 1912,*

and that death occurred, on the date stated above, at *1 a. m.*

The CAUSE OF DEATH* was as follows:

Uraemic Convulsions

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

Starvation

(Duration) yrs. mos. ds.

(Signed)

M.D.

Apr. 6, 1912 (Address) *Wentworth*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Wentworth Cemetery

DATE OF BURIAL

4/6 1912

20 UNDERTAKER

C. R. Bennett

ADDRESS

Wentworth

Filed

191

REGISTRAR

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Rail engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningis, peritonemum, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Irritation," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Strangulation*, *Esposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

(City or town.)

Winthrop (No. 3, Prospect Ave. St.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Sarah V. Huse-
Varney-Stephen W.
3 Prospect Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

16 DATE OF DEATH

F

W

Unmarried

April
(Month)

5th, 1912
(Day) (Year)

6 DATE OF BIRTH

2 15 1872
(Month) (Day) (Year)

7 AGE

If LESS than
1 day, hrs.

75 yrs. 10 ds. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

at home

(b) General nature of industry, business, or establishment in which employed (or employer).

W.H.

9 BIRTHPLACE

(State or country)

N. H.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(State or country)

Samuel J. Varney

N. H.

Place

N. H.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Sarah V. Huse-
3 Prospect Ave.

I HEREBY CERTIFY that I attended deceased from Jan. 9th, 1912, to April 5th, 1912, that I last saw her alive on April 5th, 1912, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes

Contributory (SECONDARY)

General yrs. mos. ds.

Age

(Signed)

Albert B. Bowman, M.D.

Apr. 7, 1912 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

16 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Rouell Cemetery

4-8-1912

17 UNDERTAKER

ADDRESS

W.C. Skaggs

Winthrop

18 Filed

1912

REGISTRAR

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Mill engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic rednude heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Broncho-pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Strangulation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wentworth (No. *90* *Long Rd.* St. *Wentworth*)

Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

90 Long Rd.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Single

7 DATE OF BIRTH

May 5 1852
(Month) (Day) (Year)

8 AGE

59 yrs. *11* mos. *6* ds. or min.?

If LESS than 1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE
(State or country)

East Boston Mass

11 NAME OF FATHER

John Flaherty

12 BIRTHPLACE OF FATHER
(State or country)

Ireland

13 MAIDEN NAME OF MOTHER

Mary Frances Lee

14 BIRTHPLACE OF MOTHER
(State or country)

Boston Mass

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Elizabeth Lee
90 Long Rd

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 11 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from *April 6 1912*, to *April 11 1912*, that I last saw her alive on *April 11 1912*, and that death occurred, on the date stated above, at *8:30* a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. *5* ds.

Contributory (SECONDARY)

acute cardiac dilatation

(Duration) yrs. mos. ds.

(Signed)

Harvey A. Kelly, M.D.
April 11 1912 (Address) *325 W. 11th St.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

St. Augustine's

April 13 1912

20 UNDERTAKER

ADDRESS

John F. Lee

4 Atlantic St

STANDARD CERTIFICATE OF DEATH.

207. 11, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer*—*Toil mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., (*Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

4-12-1912

(No. 210, Woodside Ave. St.)

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Henry J. Macdonald

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Windsor

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

12, 2, 1904 (Month) (Day) (Year)

7 AGE

7 yrs. 4 mos. 10 ds. or min. ?

If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Boston

10 NAME OF FATHER

Henry J. Macdonald

11 BIRTHPLACE OF FATHER (State or country)

Boston

12 MAIDEN NAME OF MOTHER

Theresa P. Paine

13 BIRTHPLACE OF MOTHER (State or country)

St. John N.B.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Henry J. Macdonald, 1745 Pleasant St.

15

Filed

191

REGISTRAR

16 DATE OF DEATH

April 12, 1912 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

April, 1910, to April 12, 1912

that I last saw him alive on 12 April, 1912,

and that death occurred, on the date stated above, at 11:45 p.m.

The CAUSE OF DEATH* was as follows:

Congenital Valvular heart disease open foramen ovale

(Duration) 7 yrs. 4 mos. 10 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

April 13, 1912 (Address) Windsor

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Cremation

DATE OF BURIAL

4-15-1912

20 UNDERTAKER

H.C. Shapley

ADDRESS

Windsor

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., (*tubercle*, *Scrofula*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; (*Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as (*criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH—1912.

CITY OF
BOSTON.FULL NAME LESLIE DIMOCK Registered No. 3815Place of Death } Boston
and Residence } MASS. GENL. HOSPT.Date of Death APR. 14 1912. Age 62 years months days.

STATISTICAL DETAILS.

PHYSICIAN'S CERTIFICATE.

SEX F COLOR WHITE SINGLE, MARRIED, WID., DIV. WID.Maiden Name BENNETTHusband's Name BEECHER S DIMOCKBirthplace PEREAU, N.S.Name of Father DANIEL BENNETTBirthplace of Father ENGLANDMaiden Name of Mother MARY RANDBirthplace of Mother -----Occupation NONE

Informant

I HEREBY CERTIFY that I attended deceased during last illness, from 1912, to 1912, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: } CARDIAC DILA. 24 DYS
(Duration)Contributory: } LOBAR PNEUMONIA - 10 DYS
(Duration)(Signed) H.W. HERSEY M.D.APR. 15 1912

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT. 7 DAYSPlace of Burial or removal MT HOPEUsual Residence WINTHROPUndertaker J.S. WATERMAN & SONSFiled APR. 18 1912A true copy.
Attest:*EWM Glenew*

Registrar.

Apr. 14, 1912

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 8 Pleasant

St.;

Ward)

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Ruth Ann Storer

[If married or divorced woman or widow give maiden name, also name of husband.]

Widow of James C. Storer, Knapp.

3 RESIDENCE

8 Pleasant St Winthrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

6 DATE OF BIRTH

Nov 5 1840
(Month) (Day) (Year)

7 AGE

71 yrs. 8 mos. 10 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Bridgeton - Me

10 NAME OF FATHER

George Knapp

11 BIRTHPLACE OF FATHER (State or country)

Naples Me

12 MAIDEN NAME OF MOTHER

Caroline Knapp

13 BIRTHPLACE OF MOTHER (State or country)

Newburyport

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Alice Storer

(Address)

8 Pleasant St

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 15 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

January 1910, to April 15 1912, that I last saw her alive on 15 April 1912, and that death occurred, on the date stated above, at 1 45 a.m.

The CAUSE OF DEATH* was as follows:

General arterio Sclerosis
Atrial Insufficiency

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Apr 16 1912

(Address) Winthrop

M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop

DATE OF BURIAL

4/17 1912

20 UNDERTAKER

C.R. Fenner

ADDRESS

Winthrop

STANDARD CERTIFICATE OF DEATH.

207. 15, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Trail engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *tertium*, *Scurvy*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meadles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meadles* (disease causing death), *20 ds.*; *Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Asphyxia*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Worcester

(No. Ocean View

St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

John Henry Mac Donnell

3 RESIDENCE

Ocean View St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

married

6 DATE OF BIRTH

Aug 15, 1864
(Month) (Day) (Year)

7 AGE

45 yrs. 8 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

Painter

(b) General nature of industry, business, or establishment in which employed (or employer).

House

9 BIRTHPLACE (State or country)

Georgetown P.R.I.

10 NAME OF FATHER

Alexander Mac Donnell

11 BIRTHPLACE OF FATHER (State or country)

Burmese P.R.I.

12 MAIDEN NAME OF MOTHER

Agnes Mac Donnell

13 BIRTHPLACE OF MOTHER (State or country)

Burmese P.R.I.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) G. A. Semmon

(Address) Worcester Mass

15

Filed, 1912

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 16, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from April 8, 1912, to April 15, 1912, that I last saw him alive on April 15, 1912, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Tuberculosis of Lungs

Do not know (Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Horace J. Soule M.D.

April 16, 1912 (Address) W. McIntosh, Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Holy Cross Catholic Church

DATE OF BURIAL

4/17, 1912

20 UNDERTAKER

C. R. Semmon

ADDRESS

W. McIntosh

N. B. - Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Tail engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., (*peritonæum*, *Sarcina*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), "9 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Strangulation*, *Esposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winsted
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winsted

(No. *249* *Winsted Shore Drive* St. Ward)

2 FULL NAME

Glady's Lillian Peters

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

249 Winsted Shore Drive

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Single

6 DATE OF BIRTH

March 21 1903
(Month) (Day) (Year)

7 AGE

9 yrs. *X* mos. *21* ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

at School

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Boston

10 NAME OF FATHER

Charles O. Peters

11 BIRTHPLACE OF FATHER
(State or country)

Denmark

12 MAIDEN NAME OF MOTHER

Ann Augusta Ross

13 BIRTHPLACE OF MOTHER
(State or country)

Denmark

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Ch. O. Peters

(Address)

249 Shore Drive

15

Filed *191*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 16 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

March 20, 1912, to *April 16*, 1912,

that I last saw her alive on *April 16*, 1912,

and that death occurred, on the date stated above, at *11 p.m.*

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

(Duration) yrs. *3 wks* mos. ds.

Contributory.
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

April 18, 1912

(Address)

Winsted

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death, yrs. mos. ds. In the State, yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winsted

DATE OF BURIAL

4/19, 1912

20 UNDERTAKER

G. A. Bennett

ADDRESS

Winsted

N. B. - Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Mill engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; (*Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Wentworth (No. *54*) *Beacon* St.; Ward

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

54 Beacon St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

April 9, 1912
(Month) (Day) (Year)

7 AGE

— yrs. — mos. *8* ds. or — min. ?
If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Wentworth Mass

10 NAME OF FATHER

Tracy Lee Halestead

11 BIRTHPLACE OF FATHER

(State or country)

Norman Mass

12 MAIDEN NAME OF MOTHER

Herbert K. Safford

13 BIRTHPLACE OF MOTHER

(State or country)

Formerville Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Catherine Safford
52 Beacon St.

15 DATE OF DEATH

Apr. 17, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Apr. 9, 1912, to *Apr. 17*, 1912,

that I last saw him alive on *Apr. 16*, 1912,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Haemophilia neonatorum

(Duration) yrs. mos. *7* ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Edward J. Grainger

M.D.

Apr. 18, 1912 (Address) *Wentworth*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross Cem.

April 9, 1912

20 UNDERTAKER

ADDRESS

John F. Malone

79 Atlantic St.

15 Filed

191

REGISTRAR

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Wool engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *varicella*, *Scarum*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Træmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Snakebite*, *Monocidie*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ergotism*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Mitchrop

(No. *62* *Beacon*

St.;

Ward)

2 FULL NAME

Lucy L. Snow

[If married or divorced woman or widow give maiden name, also name of husband.]

George L.

Snow

3 RESIDENCE

Mitchrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

Female

5 COLOR OR RACE

white

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

widow

7 DATE OF BIRTH

unknown

(Month)

(Day)

(Year)

8 AGE

If LESS than

1 day, hrs.

80 yrs.

mos.

ds.

or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work...

at home

(b) General nature of industry, business, or establishment in which employed (or employer)...

10 BIRTHPLACE

(State or country)

Maine

11 NAME OF FATHER

Israel Snow

12 BIRTHPLACE OF FATHER (State or country)

Maine

13 MAIDEN NAME OF MOTHER

Lucy M. Thordike

14 BIRTHPLACE OF MOTHER (State or country)

Maine

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Edmund L. Snow

(Address)

62 Beacon St.

16 DATE OF DEATH

Apr.

(Month)

7 (Day)

191*2* (Year)

17 I HEREBY CERTIFY that I attended deceased from

Mar. 20, 191*2*, to *Apr. 17*, 191*2*,

that I last saw him alive on *Apr. 17*, 191*2*,

and that death occurred, on the date stated above, at *2:30 p.m.*

The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) yrs. *2* mos. ds.

Contributory (SECONDARY)

Pulmonary Tuberculosis?

(Duration) yrs. mos. ds.

(Signed)

Dr. J. P. ...

M.D.

Apr. 18, 191*2* (Address) *Mitchrop*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Rockland, Maine

DATE OF BURIAL

Apr. 19, 191*2*

20 UNDERTAKER

W. C. Shaggo

ADDRESS

Mitchrop

Filed

191

REGISTRAR

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

247. 17, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Trail engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Korean*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonium, etc., *Tuberculosis*, *Scarcum*, etc., of . . . (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic retractor heart disease*; (*Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Stercoration*, *Suffocation*, *Esposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

(City or town.)

Thiurhop (No. *16* *Cor*

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

16 Cor St. Thiurhop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Married*

6 DATE OF BIRTH

8 (Month) *26* (Day) *1832* (Year)

7 AGE

77 yrs. *7* mos. *27* ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

P.E.I.

10 NAME OF FATHER

Duncan

11 BIRTHPLACE OF FATHER (State or country)

Scotland

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (State or country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Vic MacLachlan
16 Cor St

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April (Month) *23* (Day) *1912* (Year)

17 I HEREBY CERTIFY that I attended deceased from

April 22, 1912, to *April 23*, 1912,

that I last saw him alive on *April 23*, 1912,

and that death occurred, on the date stated above, at *4.15* p.m.

The CAUSE OF DEATH* was as follows:

Detonans

(Duration) yrs. mos. *3* ds.

Contributory.

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Wm. H. Wether M.D.
Apr 24, 1912 (Address)

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Thiurhop Cem. *4-25*, 1912

20 UNDERTAKER

ADDRESS

H. C. Skaggs *Thiurhop*

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

23, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *tubercle*, *Strains*, etc., of... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Eraposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Shilthrop

(No. 38 Madison Ave. St. ;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Etta Mathews

[If married or divorced woman or widow give maiden name, also name of husband.]

(Mam) Thomas Mathews

3 RESIDENCE

38 Madison Ave. Shilthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

5 8 1902
(Month) (Day) (Year)

7 AGE

57 yrs. 11 mos. 16 ds. or min. ?

If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

at Home

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE

(State or country)

Ms.

10 NAME OF FATHER

Robt. Mann.

11 BIRTHPLACE OF FATHER

(State or country)

Unknown

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER

(State or country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Geo. Floyd

(Address)

38 Madison Ave.

15

Filed

191

REGISTRAR

16 DATE OF DEATH

April 23 1912
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

1909, 191, to April 24, 1912,

that I last saw him alive on April 23, 1912

and that death occurred, on the date stated above, at 5 am.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis & Atrial Insufficiency

(Duration) 8 yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

April 24, 1912

(Address)

Shilthrop

M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Green Hill Cem. Haverhill

April 26, 1912

20 UNDERTAKER

ADDRESS

H. C. Shaggs

Shilthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonitis, etc., *tuberculous, Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), "9 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Stricture*, *Moniacle*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Esposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

(City or town.)

Winthrop (No. 156 Shirley St.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Walter B. Thayer

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

M

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

4. 10. 1912 (Month) (Day) (Year)

8 AGE

68 yrs. 3 mos. 13 ds.

If LESS than 1 day, hrs. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Druggist

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE

(State or country)

Haymouth Mass

11 NAME OF FATHER

Eli Thayer

12 BIRTHPLACE OF FATHER

(State or country)

Haymouth Mass

13 MAIDEN NAME OF MOTHER

Susan C. Leater

14 BIRTHPLACE OF MOTHER

(State or country)

Unknown

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Walter B. Thayer, Jr.
11 Douglas St

16

Filed 1912

REGISTRAR

17 DATE OF DEATH

April 23, 1912 (Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from April 15, 1912, to April 23, 1912, that I last saw him alive on April 22, 1912, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) X yrs. X mos. 7 ds.

Contributory (SECONDARY)

Arterio sclerosis

(Signed)

April 24, 1912 (Address) Winthrop Mass

If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Cem. 4-25-1912

20 UNDERTAKER

ADDRESS

H. C. Skaggs Winthrop

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

27. 23, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement, it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*tubercle*, *Scrophulous*, etc., of... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Snakebite*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 186 Pauline

St.

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Edith Alvina Reed

[If married or divorced woman or widow give maiden name, also name of husband.]

(Jennings) H. E. R. Reed

3 RESIDENCE

Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

2

14

1870

(Month)

(Day)

(Year)

7 AGE

36 yrs. 2 mos. 10 ds.

If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Chelsea Mass

10 NAME OF FATHER

Steven E. Jennings

11 BIRTHPLACE OF FATHER

(State or country)

Mass.

12 MAIDEN NAME OF MOTHER

Alvina Elva Lewis

13 BIRTHPLACE OF MOTHER

(State or country)

Boston

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

H. E. R. Reed

(Address)

186 Pauline St.

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April

24

1912

(Month)

(Day)

(Year)

I HEREBY CERTIFY that I attended deceased from

Apr. 19th, 1912, to Apr. 24th, 1912,

that I last saw her alive on Apr. 24th, 1912,

and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ~~year~~ ~~month~~ 5 ds.

Contributory (SECONDARY)

Paralysis of intestines

(Duration) ~~yr.~~ ~~mo.~~ 1 1/2 ds.

(Signed)

Albert B. Dorman, M.D.

Apr. 25, 1912 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Win. Cem.

4-28-1912

20 UNDERTAKER

ADDRESS

J. C. Skaggs Winthrop

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

24. 24, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Rail engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., (*tuberculum, Strumae*, etc., of... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; (*chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Eposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

4143

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop

(No. 50, Pleasant Park Road Ward)

2 FULL NAME

Frances J. Poggi

[If married or divorced woman or widow give maiden name, also name of husband.]

Widow of John B. Poggi

3 RESIDENCE

50 Pleasant Park Road

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

6 DATE OF BIRTH

Aug

5

1881

(Month)

(Day)

(Year)

7 AGE

80 yrs.

8 mos.

20 ds.

If LESS than 1 day, hrs.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Gebralla Spain

10 NAME OF FATHER

Domingo Genar

11 BIRTHPLACE OF FATHER (State or country)

Gebralla Spain

12 MAIDEN NAME OF MOTHER

Josephine Genar

13 BIRTHPLACE OF MOTHER (State or country)

Gebralla Spain

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C. R. Benson

(Address)

Winthrop Mass

Filed

1912

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April

27

1912

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural Causes:
Heart disease

(Sudden death)

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Serg Burger Druggist

M.D.

april 27, 1912

(Address)

Winthrop, MASS. MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Mass

May 1st, 1912

20 UNDERTAKER

ADDRESS

C. R. Benson

Winthrop Mass

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*Uremonia*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL septicæmia," "PERIPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Eczema*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop Mass (No. 70 Moore

St. ; Ward)

2 FULL NAME

James Adam Bates

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Whitman Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

married

6 DATE OF BIRTH

Nov 24, 1832
(Month) (Day) (Year)

7 AGE

80 yrs. 6 mos. 5 ds.

If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

machinist

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE

(State or country)

Hingham Mass

10 NAME OF FATHER

Asa Bates

11 BIRTHPLACE OF FATHER (State or country)

Hingham Mass

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (State or country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

George Bates

(Address)

Brackton Mass

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April 28, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

From 1910, to Apr 28, 1912

that I last saw him alive on Apr 25, 1912

and that death occurred, on the date stated above, at 1.40 p.m.

The CAUSE OF DEATH* was as follows:

Bright Disease
Organic Heart disease

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)

Heart Disease

(Duration) 2 yrs. mos. ds.

(Signed)

H. Walker

M.D.

(Address) 483 Beacon St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Beaver Cemetery
East Bridgewater

DATE OF BURIAL

May 1, 1912

20 UNDERTAKER

Frank S. Howard

ADDRESS

Brackton Mass

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

281

1912

causis of lungs, meninges, peritoneum, etc., (carcinoma, Sarcoma, etc., of..... (name origin: "Cancer" is less

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., (carcinoma, Sarcoma, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

20 Bowden St. (No. *Worcester* St.;

Ward)

Worcester
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Emma. A. Harvey *Smith* *Wife of Benj. P. Smith*
Emma Harvey Mac Donald Smith
20 Bowden St. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Married

6 DATE OF BIRTH

Sept

2

1881

(Month)

(Day)

(Year)

7 AGE

30 yrs.

7 mos.

20 ds.

If LESS than 1 day,.....hrs.

or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

At Home Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Litch Me

10 NAME OF FATHER

Malcolm Mac Donald

11 BIRTHPLACE OF FATHER

(State or country)

P.E. Island

12 MAIDEN NAME OF MOTHER

Mary Jane Warner

13 BIRTHPLACE OF MOTHER

(State or country)

P.E. I -

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C.R. Bennett & B.P. Smith

(Address)

Worcester Mass

15

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April

29

1912

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I attended deceased from

July, 1912, to *April 29*, 1912

that I last saw him alive on *April 29*, 1912

and that death occurred, on the date stated above, at *2:00* a.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart and kidney disease
Severe

yrs. *X* mos. *X* ds.

Contributory.
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

O. E. Johnson, M.D.
April 30, 1912 (Address) *Worcester*

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Worcester County

8/1, 1912

20 UNDERTAKER

ADDRESS

Charles R. Bennett - Worcester

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *fungus*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Strangulation*, *Suffocation*, *Etoposture*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

PLACE OF DEATH

Winthrop

(No. 265 Court Rd. St. j.

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

RESIDENCE 265 Court Rd.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR OR RACE

White

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

DATE OF BIRTH

July

(Month)

33

(Day)

1856

(Year)

AGE

55 yrs. 9 mos. 21 ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

Contractor (retired 3 years)

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(State or country)

Frammingham Mass.

NAME OF FATHER

William Parker Munroe

BIRTHPLACE OF FATHER

(State or country)

Boston

MAIDEN NAME OF MOTHER

Mrs. Bullett

BIRTHPLACE OF MOTHER

(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Margaret E. Munroe
265 Court Rd.

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

May

2

(Day)

1912

(Year)

I HEREBY CERTIFY that I attended deceased from Mar. 27, 1912, to May 1st, 1912, that I last saw him alive on May 1st, 1912, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Disease of the heart and kidneys and liver

Probable

(Duration) 2 yrs. — mos. — ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Albert B. Dorman

M.D.

May 2, 1912 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Woodlawn Cem.

May 3, 1912

UNDERTAKER

ADDRESS

John F. C. Maloy

79 Atlantic St.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Wool engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Korean*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Dysentheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Broncho-pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Eraposture*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. 60 Sea View Ave St.; Ward)

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Arvilla S. Bryant
[If married or divorced woman or widow give maiden name, also name of husband.] Widow of Albert T. Bryant

3 RESIDENCE

60 Sea View Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Widow

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

53

yrs.

mos.

ds.

If LESS than 1 day, hrs.
or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(State or country)

Plymouth Mass

10 NAME OF FATHER

James S. Bonney

11 BIRTHPLACE OF FATHER
(State or country)

Plymouth Mass

12 MAIDEN NAME OF MOTHER

Sophia E. Curtis

13 BIRTHPLACE OF MOTHER
(State or country)

Plymouth Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

W. H. Bonney
Winthrop Mass

15 Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May 31, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

May 2, 1912, to May 2, 1912,

that I last saw him alive on May 2, 1912, and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

Contributory
(SECONDARY)

Arterio sclerosis
Duration yrs. X mos. X ds.
Disease Duration yrs. X mos. X ds.

(Signed)

May 4, 1912 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Plymouth Mass

DATE OF BURIAL

May 3, 1912

20 UNDERTAKER

W. H. Bonney

ADDRESS

Winthrop Mass

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *furunculæ*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mæsles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mæsles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Asphyxia*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop (No. 177 Pauline

St.;

Ward)

2 FULL NAME

Arthur E. Baker.

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

177 Pauline St. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

12

(Month)

23

(Day)

1884

(Year)

7 AGE

17 yrs.

5 mos.

11 ds.

If LESS than 1 day.....hrs.

or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Winthrop

10 NAME OF FATHER

Arthur L.

11 BIRTHPLACE OF FATHER

(State or country)

Duxbury Mass

12 MAIDEN NAME OF MOTHER

Barkley -

13 BIRTHPLACE OF MOTHER

(State or country)

Liverpool Eng.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Arthur L. Baker

(Address)

177 Pauline St.

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May, 4

(Month)

(Day)

1912

(Year)

I HEREBY CERTIFY that I attended deceased from

Jan. 31, 1912, to May 4, 1912,

that I last saw him alive on May 4, 1912

and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Exhaustion following Right Lower Lobe Pneumonia.

Pneumonia (Duration)

yrs.

mos.

16 ds.

Contributory

(SECONDARY)

Exhaustion

(Duration)

yrs.

mos.

17 ds.

(Signed)

Frank H. Miller M.D.

1912 (Address) 11 Princeton

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

of death

yrs. mos. ds.

In the

State

yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Cem

5-7-1912

20 UNDERTAKER

ADDRESS

H.C. Skaggs

Winthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Vail engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*urcinoma*, *Sarcoma*, etc., of . . . (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), "9 ds.; *bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Strangulation*, *Suffocation*, *Disposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Melrose Hospital (No. *Winthrop*)

St. : Ward)

2 FULL NAME

Stanley - L

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

May 8, 1912
(Month) (Day) (Year)

7 AGE

5 months yrs. *0* mos. *0* ds. or min. ?
If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE

(State or country) *Winthrop Mass*

10 NAME OF FATHER

Elmer Garfield Stanley

11 BIRTHPLACE OF FATHER

(State or country) *Leicester Me*

12 MAIDEN NAME OF MOTHER

Edith H. Kenly

13 BIRTHPLACE OF MOTHER

(State or country) *Nova Scotia*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

S. M. Landon

(Address)

Melrose Hospital

15

Filed

191

REGISTRAR

16 DATE OF DEATH

May 8, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

191 to *May 8, 1912*

that I last saw him alive on

and that death occurred, on the date stated above, at *11:30* m.

The CAUSE OF DEATH* was as follows:

*Still born
accidental to birth*

(Duration) yrs. mos. ds.

Contributory.
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

31 M. L. Gaff
May 9, 1912 (Address) *Winthrop*

M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Cemetery - May 11, 1912

20 UNDERTAKER

ADDRESS

W. R. Landon *Winthrop*

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Weld engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *furuncle*, *Stomach*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *(Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *20 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Explosion*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Hingham (No. *58* *Highland Ave.* St.)

Ward)

2 FULL NAME

Baby Bailey
[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

58 Highland Ave. Hingham

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

15 DATE OF DEATH

5 *16* 191*2*
(Month) (Day) (Year)

6 DATE OF BIRTH

5 *16* 191*2*
(Month) (Day) (Year)

7 AGE

— yrs. — mos. — ds. or — min. ?

If LESS than 1 day, — hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Hingham Mass

10 NAME OF FATHER

Roscoe B. Bailey

11 BIRTHPLACE OF FATHER (State or country)

Holden Mass

12 MAIDEN NAME OF MOTHER

Edith A. Colley

13 BIRTHPLACE OF MOTHER (State or country)

Highland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Roscoe B. Bailey
58 Highland Ave

I HEREBY CERTIFY that I attended deceased from *apx May 16, 1912*, to *May 16, 1912*, that I last saw h. alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Placenta previa
Instrumental delivery
born dead

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) *Mary E. Mosher* M.D.
May 16, 1912 (Address) *"The Warren" Hqs*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

16 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Hingham Ave *5-18* 191*2*

17 UNDERTAKER

ADDRESS

H.C. Stragg *Hingham*

Filed

191

REGISTRAR

PARENTS

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Curriculum*, *Stratum*, etc., of... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Pneumo-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as (*Primid Abortion*, *Poisoning*, *Strangulation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

¹ PLACE OF DEATH

Winthrop

(No. 332 Pleasant

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

² FULL NAME

Leslie Atherton Spinney

[If married or divorced woman or widow give maiden name, also name of husband.]

³ RESIDENCE

332 Pleasant St. Winthrop Mass.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS⁴ SEX

Male

⁵ COLOR OR RACE

White

⁶ SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

⁷ DATE OF BIRTH

October

2

1870

⁸ AGE

42 yrs. 7 mos. 17 ds.

If LESS than 1 day, hrs. or min. ?

⁹ OCCUPATION

(a) Trade, profession, or particular kind of work

Captain

(b) General nature of industry, business, or establishment in which employed (or employer)

Yacht

¹⁰ BIRTHPLACE (State or country)

Argyle Nova Scotia

¹¹ NAME OF FATHER

Joseph W. Spinney

¹² BIRTHPLACE OF FATHER (State or country)

Argyle Nova Scotia

¹³ MAIDEN NAME OF MOTHER

Hannah Spinney

¹⁴ BIRTHPLACE OF MOTHER (State or country)

Argyle Nova Scotia

¹⁵ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Leslie B. Spinney

(Address) 332 Pleasant St. Winthrop

¹⁶

Filed, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH¹⁷ DATE OF DEATH

May 19

(Month)

(Day)

1912 (Year)

I HEREBY CERTIFY that I attended deceased from April 22, 1912, to May 19, 1912, that I last saw him alive on May 19, 1912, and that death occurred, on the date stated above, at 11³⁵ A.M.

The CAUSE OF DEATH* was as follows:

Catarrh of Pneumonia, preceded by four days of Influenza.

Pneumonia (Duration) yrs. mos. 23 ds.

Contributory Influenza (SECONDARY)

(Duration) yrs. mos. 5 ds.

(Signed)

Frank H. Tillam

M.D.

May 19, 1912 (Address) 13 Princeton St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence 332 Pleasant St. Winthrop

¹⁹ PLACE OF BURIAL OR REMOVAL

Provincetown Cem. Mass.

DATE OF BURIAL

May 23, 1912

²⁰ UNDERTAKER

Brown and Rollins

ADDRESS

East Boston

STANDARD CERTIFICATE OF DEATH.

8

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc. (*Carcinoma, Sarcoma, etc.*, of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Broncho-pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *James P. Williams* Registered No. _____
 Place of Death* *6 Waldemar Ave Winthrop* Date of Death *May 19* 19*12*
 Residence *61 Waldemar Ave* Age *35* years *8* months *23* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
 MAIDEN NAME † _____
 HUSBAND'S NAME † _____
 BIRTHPLACE ‡ *Shelby N. S. Aug. 27 1877*
 NAME OF FATHER *Lewis Benjamin*
 BIRTHPLACE OF FATHER ‡ *N. S.*
 MAIDEN NAME OF MOTHER *Mrs Nora Johnstone*
 BIRTHPLACE OF MOTHER ‡ *N. S.*
 OCCUPATION *Druggist*
 INFORMANT § *Mrs James Williams*

I HEREBY CERTIFY that I attended deceased during last illness, from *April 13* 19*12* to *May 19* 19*12*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Acute Pulmonary Tuberculosis*

 _____ (DURATION) *24* DAYS

Contributory: _____
 _____ (DURATION) _____ DAYS

(Signed) *Lucy A. Brown* M.D.
May 20 19*12* (Address) *260 E Cape St E.B.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____ 190 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL || *Winthrop Cemetery* DATE OF BURIAL *May 22* 19*12*
 UNDERTAKER *E. G. Brown & Son* ADDRESS *286 Merchants E. Boston*

ALL NAMES TO BE IN FULL
 FILE OUT WITH INK. THIS IS A PERMANENT RECORD

May 19, 1913

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wintthrop (No. 67 Thornton Park St.)

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Francis J. Drew
Widow John B.

3 RESIDENCE

67 Thornton Park.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Widow

10 DATE OF DEATH

May 21, 1912
(Month) (Day) (Year)

6 DATE OF BIRTH

July 22, 1870
(Month) (Day) (Year)

7 AGE

91 yrs. 9 mos. 30 ds.

If LESS than
1 day,.....hrs.
or.....min.?

I HEREBY CERTIFY that I attended deceased from
June 10th, 1912, to May 21, 1912,
that I last saw her alive on May 19, 1912,
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Leucemia

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE
(State or country)

Duxbury, Mass.

10 NAME OF FATHER

George Winsor

11 BIRTHPLACE OF FATHER
(State or country)

Duxbury, Mass.

12 MAIDEN NAME OF MOTHER

Annabel Delano

13 BIRTHPLACE OF MOTHER
(State or country)

Duxbury, Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

J. Frank Lange
Portland, Me.

Contributory
(SECONDARY)

(Signed)

21, 1912 (Address) Duxbury, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.mos.ds. In the State.....yrs.mos.ds.

Where was disease contracted, if not at place of death?

Former or usual residence

16 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Duxbury, Mass. May 24, 1912

17 UNDERTAKER

ADDRESS

St. James & Son Wintthrop

Filed

191

REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Turner (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthénia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Imitation," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Erposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop

(No. *93 Court Road* St.:

Ward)

2 FULL NAME

Charles Aubrey Pike

[If married or divorced woman or widow give maiden name, also name of husband.]

Single

3 RESIDENCE

93 Court Road Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

Nov

28

1887

(Month)

(Day)

(Year)

7 AGE

54

yrs.

6

mos.

X

ds.

If LESS than 1 day, hrs.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

Steward

(b) General nature of industry, business, or establishment in which employed (or employer)

On Vessel

9 BIRTHPLACE

(State or country)

Eastport Me.

10 NAME OF FATHER

Jessiah Pike

11 BIRTHPLACE OF FATHER

(State or country)

Eastport Me.

12 MAIDEN NAME OF MOTHER

Henrietta Braddish

13 BIRTHPLACE OF MOTHER

(State or country)

Frederick N.B.

PARENTS

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

S. Eugene. Reed

(Address)

93 Court Road

15

Filed

191

REGISTRAR

16 DATE OF DEATH

May

25

1912

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I attended deceased from

May 15, 1912, to *May 20*, 1912,

that I last saw him alive on *May 20*, 1912,

and that death occurred, on the date stated above, at *10 A.* m.

The CAUSE OF DEATH* was as follows:

Cerebral Endocarditis

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

Cerebral Endocarditis

(Duration) 2 yrs. mos. ds.

(Signed)

David L. Brown

M.D.

May 25, 1912 (Address) *93 Court Road*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Mass

May 25, 1912

20 UNDERTAKER

ADDRESS

W. H. Brown

Winthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

May 21, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., (*tubercle*, *Sarcina*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d ds.*; *Broncho-pneumonia* (secondary), *1st ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Træmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERINEAL septicæmia," "PERINEAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Esophageal*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop

(No. 63 Winthrop

St.;

Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Joshua ~~Charles~~ Decatur

3 RESIDENCE

63 Winthrop St Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Married

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

43

ysr.

mos.

ds.

If LESS than
1 day.....hrs.
or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Produce Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(State or country)

Westford Mas

10 NAME OF FATHER

Calvin Decatur

11 BIRTHPLACE OF FATHER
(State or country)

Lowell

12 MAIDEN NAME OF MOTHER

Emma Norton

13 BIRTHPLACE OF MOTHER
(State or country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C. B. Benman

(Address)

159 Winthrop St.

15

Filed

191

REGISTRAR

16 DATE OF DEATH

May

22

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I attended deceased from

March

, 1912, to

May 22, 1912,

that I last saw him alive on

May 22, 1912,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis of
Coronary arteries

Several

yrs.

X mos.

X ds.

Contributory
(SECONDARY)

X

(Duration)

yrs.

mos.

ds.

(Signed)

May 24, 1912

(Address)

O. E. Johnson, M.D.
Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

of death

yrs.

mos.

ds.

In the

State

yrs.

mos.

ds.

Where was disease contracted,
if not at place of death?

Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL

Westford Mas

DATE OF BURIAL

May 24, 1912

20 UNDERTAKER

C. B. Benman

ADDRESS

Winthrop Mas

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farmlaborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonitis, etc., (*tubercula*, *Scrophula*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; (*Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "P_{ER}PERAL *septicæmia*," "P_{ER}PERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticke*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 274 Pleasant St. ;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Albert H. Walker

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Horchester Mass.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

M

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

7 DATE OF BIRTH

(Month)

(Day)

(Year)

8 AGE

72 yrs.

mos.

ds.

If LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Mr.

11 NAME OF FATHER

Unknown

12 BIRTHPLACE OF FATHER (State or country)

Unknown

13 MAIDEN NAME OF MOTHER

Udams

14 BIRTHPLACE OF MOTHER (State or country)

Unknown

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Will Walker

(Address)

274 Pleasant St

16

Filed

REGISTRAR

17 DATE OF DEATH

May

(Month)

30

(Day)

1912

(Year)

I HEREBY CERTIFY that I attended deceased from

May 25, 1912, to May 30, 1912, that I last saw him alive on May 30, 1912, and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration)

yrs.

mos.

ds.

Contributory (SECONDARY)

Chronic Cystitis

(Duration)

yrs.

mos.

ds.

(Signed)

Dr. J. P. Poth

M.D.

May 31, 1912 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

of death

yrs.

mos.

ds.

In the

State

yrs.

mos.

ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Horchester Mass 6-1, 1912

20 UNDERTAKER

ADDRESS

Mr. Sherry Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Tram engine*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonitis, etc., *Curculione*, *Sarcina*, etc., of . . . (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *(Mitral valvular heart disease)*; *(Thronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *E-cposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wintthrop

(No. 22

Vine Ave.

St. ;

Ward)

Wintthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Georgiana M. Sweetland

Gruber - Admiral J.

3 RESIDENCE

22 Vine Ave. Wintthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

W.

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Married

7 DATE OF BIRTH

Jan. 14

(Month)

1897
(Day) (Year)

8 AGE

75 yrs. 4 mos. 28 ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

London N. I.

11 NAME OF FATHER

Harry

12 BIRTHPLACE OF FATHER

(State or country)

Calif. U. S.

13 MAIDEN NAME OF MOTHER

Eleanor Kot

14 BIRTHPLACE OF MOTHER

(State or country)

Calif. U. S.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

G. M. Sweetland

(Address)

22 Vine Ave. Wintthrop

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

June 1st
(Month)

18
(Day)

1912
(Year)

I HEREBY CERTIFY that I attended deceased from

February, 1912, to June 1st, 1912,

that I last saw her alive on June 4th May 31, 1912

and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

Cancer of the Liver
probably a year
(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

B. Campbell

M.D.

June 3, 1912. (Address) 24 White St. Boston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death

yrs. mos. ds.

In the

State

yrs.

mos.

ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Wintthrop Cemetery
Wintthrop

DATE OF BURIAL

June 4, 1912.

20 UNDERTAKER

E. B. Brown & Son.

ADDRESS

Wintthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonium*, etc., *carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wintrop.

~~Boston~~
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Wintrop

(No. 30 Hutchingson

St.;

Ward)

2 FULL NAME

Rebin Robinson

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

30 Hutchingson St Wintrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

(Month)

(Day)

(Year)

8 AGE

82

yrs.

mos.

ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Store Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

Merchant

10 BIRTHPLACE

(State or country)

Russia

11 NAME OF FATHER

Jermai Robinson

12 BIRTHPLACE OF FATHER

(State or country)

Russia

13 MAIDEN NAME OF MOTHER

Frieda Family unknown

14 BIRTHPLACE OF MOTHER

(State or country)

Russia

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June

(Month)

14

(Day)

1912

(Year)

17 I HEREBY CERTIFY that I attended deceased from

April 2, 1912, to June 1, 1912,

that I last saw him alive on June 1, 1912,

and that death occurred, on the date stated above, at 11:15 m.

The CAUSE OF DEATH* was as follows:

General Arterio Sclerosis

(Duration)

yrs. ...

mos. ...

ds.

Contributory

(SECONDARY)

(Duration)

yrs. ...

mos. ...

ds.

(Signed)

Harvey W. Kelly

M.D.

June 2, 1912 (Address) 325 Wintrop St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death

yrs. ...

mos. ...

ds.

In the State

yrs. ...

mos. ...

ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Beth Israel Cemetery n. Rox. Mass.

DATE OF BURIAL

June 2, 1912

20 UNDERTAKER

Jacob H. Levine

ADDRESS

3 Baldwin St. Boston

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer*—(*coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never re-
port "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., (*Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Wintthrop (No. *71 Cottage Park Road* St.,

Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE *71 Cottage Park Road Wintthrop* Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX *M.* 5 COLOR OR RACE *W.* 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *married*

7 DATE OF BIRTH *May 11* (Month) (Day) (Year) *1901*

8 AGE *55* yrs. ? mos. ds. or min. ? If LESS than 1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Editor Pilot

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE (State or country)

Scotland

11 NAME OF FATHER

unknown

12 BIRTHPLACE OF FATHER (State or country)

"

13 MAIDEN NAME OF MOTHER

"

14 BIRTHPLACE OF MOTHER (State or country)

"

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Richard G. Brown Wintthrop

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *June 2* (Month) (Day) (Year) *1912*

17 I HEREBY CERTIFY that I attended deceased from *June 1*, 1912, to *June 2*, 1912, that I last saw him alive on *June 1*, 1912, and that death occurred, on the date stated above, at *4.4* m.

The CAUSE OF DEATH* was as follows:

Chronic Anterostitid Nephritis

Contributory (SECONDARY)

Chronic Hypertension (Duration) *Indefinite* yrs. mos. ds.

(Signed) *Wm. J. Howe* M.D.

June 3, 1912 (Address) *260 E Eagle St E B*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Wintthrop Cemetery Wintthrop *June 11*, 1912

20 UNDERTAKER

ADDRESS

E. J. Brown, Son, Wintthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

June 2, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Imitation," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop (No. 75 Washington Ave. Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

John Patrick Jordan

3 RESIDENCE

75 Washington Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX *M* 5 COLOR OR RACE *W* 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

7 DATE OF BIRTH (Month) (Day) (Year)

8 AGE 87 yrs. mos. ds. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Ireland

11 NAME OF FATHER

John

12 BIRTHPLACE OF FATHER (State or country)

Ireland

13 MAIDEN NAME OF MOTHER

Unknown

14 BIRTHPLACE OF MOTHER (State or country)

Ireland

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Clarence H. Pike

(Address)

75 Washington Ave

16 Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 2nd, 1912 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from May 15th, 1912, to June 2nd, 1912, that I last saw him alive on May 30th, 1912, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

General arterio sclerosis

(Duration) 3 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) B. H. McLean, M.D.

June 30th, 1912 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross Malden June 1912

20 UNDERTAKER

ADDRESS

Thos J. Lane 130 Beaver Boston

N B.— Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

June 2, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., (*Uterinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asbentia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Ivanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winsted
(City or town.)

1 PLACE OF DEATH

Winsted

(No. *133 Cliff Ave* St. ;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Mary Philepps

[If married or divorced woman or widow give maiden name, also name of husband.]

Wife of Chas. H. Phillips - Moore

3 RESIDENCE

133 Cliff

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

6 DATE OF BIRTH

June 8, 1850
(Month) (Day) (Year)

10 DATE OF DEATH

June 6, 1912
(Month) (Day) (Year)

7 AGE

61 yrs. 11 mos. 28 ds.
If LESS than 1 day, hrs. or min. ?

17 I HEREBY CERTIFY that I attended deceased from

May 27, 1912, to June 6, 1912

that I last saw her alive on *June 5, 1912*

and that death occurred, on the date stated above, at *about 19 m.*

The CAUSE OF DEATH* was as follows:

Cardiac

Angina Pectoris

(Duration) yrs. mos. *2 hrs.*

Contributory *Cardiac Asthma*

(SECONDARY) (Duration) yrs. mos. *10 ds.*

(Signed) *Edward J. Brange* M.D.

June 8, 1912 (Address) *Winsted*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

10 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence

11 PLACE OF BURIAL OR REMOVAL

Winsted Mass

DATE OF BURIAL

June 8, 1912

12 UNDERTAKER

C. H. Bennett

ADDRESS

Winsted

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *C. H. Bennett*

(Address) *Winsted Mass*

15

Filed 191

REGISTRAR

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationery fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningis, peritonaeum, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Eraposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop, (No. 43, Court Rd St.; Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

43 Court Rd Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

M.

5 COLOR OR RACE

—

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

7 DATE OF BIRTH

(Month) (Day) (Year)

8 AGE

If LESS than

1 day, 2 hrs.

— yrs. — mos. — ds. or — min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Winthrop

11 NAME OF FATHER

John P.

12 BIRTHPLACE OF FATHER (State or country)

1 Boston

13 MAIDEN NAME OF MOTHER

Margaret McCusker

14 BIRTHPLACE OF MOTHER (State or country)

Boston

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Father
43 Court Rd Winthrop

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 14, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from June 11, 1912, to June 14, 1912, that I last saw him alive on June 14, 1912, and that death occurred, on the date stated above, at 4 A. M.

The CAUSE OF DEATH* was as follows:

Con genital atelectasis

Contributory (SECONDARY)

(Duration) — yrs. — mos. — ds.

(Signed) Thomas W. Shay, M.D.
June 14, 1912 (Address) 88 Waverley St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holyhood

June 15, 1912

20 UNDERTAKER

ADDRESS

W. J. C. Co. 118 W. Broadway

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Jarner (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritonæum, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Goma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

T. J. Hornsby, M.D.
38 Howard St

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 9 Atlantic St.)

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

May E. Payson

[If married or divorced woman or widow give maiden name, also name of husband.]

Whitcomb, born Payson

3 RESIDENCE

Winthrop (9 Atlantic St.)

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widowed

7 DATE OF BIRTH

11/6

29/8

1895

(Month)

(Day)

(Year)

8 AGE

46 yrs. 6 mos. 19 ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Maine

Danvers, Maine

11 NAME OF FATHER

Freeman Whitcomb

12 BIRTHPLACE OF FATHER (State or country)

Me.

13 MAIDEN NAME OF MOTHER

Unknown

14 BIRTHPLACE OF MOTHER (State or country)

Unknown

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Harry E. Payson

(Address)

9 Atlantic St.

16

Filed

1912

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

June

18

1912

(Month)

(Day)

(Year)

18 I HEREBY CERTIFY that I attended deceased from

April

1912, to

June 17

1912

that I last saw her alive on

June 17

1912

and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

31 M. C. M. C.

M.D.

(Address) Winthrop

If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

20 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Cem

6-19-1912

21 UNDERTAKER

ADDRESS

Wm C. Skaggs

Winthrop

STANDARD CERTIFICATE OF DEATH.

June 18, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Viel engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Jay laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken fully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*tertiana*), *Scurvy*, etc., of... (name origin: "Cancer" is less

definite; avoid use of "Tumor" for malignant neoplasms); *Meadles*; *Whooping cough*; (*Chronic redwater heart disease*; (*Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meadles* (disease causing death), "as;" *Broncho-pneumonia* (secondary), "as. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

CHELSEA

(City or town.)

1 PLACE OF DEATH

Chelsea

(No. Soldiers' Home

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Wait, Frank F.

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Winthrop, Mass.

Registered No.

330

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Widowed

7 DATE OF BIRTH

November 18 1844
(Month) (Day) (Year)

8 AGE

67 yrs. 7 mos. 2 ds.

If LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Mason

(b) General nature of industry, business, or establishment in which employed (or employer)

--

10 BIRTHPLACE
(State or country)

Boston, Mass.

11 NAME OF FATHER

Thomas Wait

12 BIRTHPLACE OF FATHER
(State or country)

Mass.

13 MAIDEN NAME OF MOTHER

Elizabeth Fessenden

14 BIRTHPLACE OF MOTHER
(State or country)

Mass.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed June 22 1912

REGISTRAR

16 DATE OF DEATH

June 20 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

April 1 1912, to June 20 1912,

that I last saw him alive on June 20 1912,

and that death occurred, on the date stated above, at 2:20 p.m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(Duration) Sev yrs. -- mos. -- ds.

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) George H. Maxfield, M.D.

June 20 1912 (Address) Chelsea

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 2 mos. 19 ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence Winthrop, Mass.

19 PLACE OF BURIAL OR REMOVAL

Forest Hills

DATE OF BURIAL

June 24 1912

20 UNDERTAKER

E.B. Douglass & Son

ADDRESS

Chelsea

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Shirley (No. *412 Shirley*)

(City or town.)

St.:

Ward:

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

Ethiopian

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED

(Write the word)

Married

7 DATE OF BIRTH

(Month) (Day) (Year)

8 AGE

If LESS than 1 day, hrs.

About 75 yrs. mos. ds. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

at home

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE

(State or country)

N.C.

11 NAME OF FATHER

Henry Burr

12 BIRTHPLACE OF FATHER

(State or country)

N.C.

13 MAIDEN NAME OF MOTHER

unknown

14 BIRTHPLACE OF MOTHER

(State or country)

!

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Samuel Perkins

16

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY that I attended deceased from

June 22^d 1912, to June 26^d 1912

that I last saw her alive on *June 24^d 1912*

and that death occurred, on the date stated above, at *4 P. M.*

The CAUSE OF DEATH* was as follows:

Cardiac disease

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

M.D.

(Address)

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Int Hope

6-30-1912

20 UNDERTAKER

ADDRESS

Samuel Perkins

160 St. 1912

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

June 26, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Rail engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *tubercle*, *Strangury*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Guns*, *Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

1 PLACE OF DEATH

Winthrop(No. 22 Plummer Street

St. ;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Kate E. Harper

[If married or divorced woman or widow give maiden name, also name of husband.]

Kate E. Henderson wife of Thomas E.

3 RESIDENCE

22 Plummer St Winthrop.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

female

5 COLOR OR RACE

white

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)
married.

7 DATE OF BIRTH

(Month) (Day) (Year)

8 AGE

55 yrs.

mos.

ds.

If LESS than
1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Carver Mass**PARENTS**

11 NAME OF FATHER

George Henderson

12 BIRTHPLACE OF FATHER (State or country)

unk N.Y.

13 MAIDEN NAME OF MOTHER

Mary A. unknown

14 BIRTHPLACE OF MOTHER (State or country)

unk N.Y.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Grace O. Glidden

(Address)

Filed _____, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 29 1912

(Month)

(Day)

191

(Year)

17

I HEREBY CERTIFY that I attended deceased from

June 26, 1912, to June 29, 1912,
that I last saw her alive on June 29, 1912,
and that death occurred, on the date stated above, at about 6 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage(Duration) _____ yrs. _____ mos. 3 ds.

Contributory (SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

Edward J. Frainger

M.D.

July 1, 1912 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, If not at place of death ?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Mt. Hope Cem Boston.July 2, 191

20 UNDERTAKER

ADDRESS

John J. Brown

STANDARD CERTIFICATE OF DEATH.

June 29, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc.; *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Worcester (No. 31, Prospect Ave

St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Thomas Linard Bull

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

31 Prospect Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

Dec

17

1888

(Month)

(Day)

(Year)

8 AGE

73

ys.

6

mos.

13

ds.

If LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

Worcester

10 BIRTHPLACE

(State or country)

Compton Quebec

11 NAME OF FATHER

James

12 BIRTHPLACE OF FATHER

(State or country)

Canada

13 MAIDEN NAME OF MOTHER

Lucy Linard

14 BIRTHPLACE OF MOTHER

(State or country)

Canada

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Charles R. Bennett

(Address)

Worcester

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

June 30

(Month)

(Day)

1912 (Year)

18 I HEREBY CERTIFY that I attended deceased from

June 25, 1912, to June 30, 1912,

that I last saw him alive on June 29, 1912,

and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:

Chronic pneumonia

Contributory (SECONDARY)

(Duration)

ys.

mos.

2 ds.

(Signed)

W. J. Bennett

M.D.

July 1, 1912 (Address) Worcester

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death

ys.

mos.

ds.

In the

State

ys.

mos.

ds.

Where was disease contracted, If not at place of death?

Former or usual residence

20 PLACE OF BURIAL OR REMOVAL

Worcester Quebec

DATE OF BURIAL

July 2, 1912

21 UNDERTAKER

C. R. Bennett

ADDRESS

Worcester

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., (*uræmic*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; (*chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), ^{29 ds.} *Broncho-pneumonia* (secondary), ^{10 ds.} Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Ivanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Erosure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

(No. 19 Fremont

St. :

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Mary Mullen

[If married or divorced woman or widow give maiden name, also name of husband]

Mary Cassidy

Jeremiah Mullen

3 RESIDENCE

19 Fremont st.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

6 DATE OF BIRTH

Sept 15

(Month) (Day)

1873 (Year)

7 AGE

78 yrs. 9 mos. 14 ds.

If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work,

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

County Fermanagh Ire

10 NAME OF FATHER

James Cassidy

11 BIRTHPLACE OF FATHER (State or country)

Ire

12 MAIDEN NAME OF MOTHER

Mary Mc Grath

13 BIRTHPLACE OF MOTHER (State or country)

Ire

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Abner Coggins

(Address)

19 Fremont st

Filed

1912

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July

1

1912 (Year)

16 I HEREBY CERTIFY that I attended deceased from

June 7, 1912, to July 1, 1912, that I last saw her alive on July 1, 1912, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows: -

General carbon sclerosis
Cerebral Hemorrhage

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. 5 ds.

(Signed)

B. H. Mullen

M.D.

17 If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Holy Cross Cemetery
Malden

DATE OF BURIAL

July 3, 1912

20 UNDERTAKER

T. S. Goudey & Son

ADDRESS

459 Broadway
South

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal meningitis*; (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., (*varicella*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecchymose*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Worcester Mass (No. 123456789)

St.

Ward

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

4 Maple St. Brookline 7 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

5 SEX

Female

6 COLOR OR RACE

White

7 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

8 DATE OF BIRTH

Sept 6 1845 (Month) (Day) (Year)

9 AGE

65 yrs. 9 mos. 28 ds. or min. ?

10 OCCUPATION

(a) Trade, profession, or particular kind of work.

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

11 BIRTHPLACE

(State or country)

Chelsea Mass.

12 NAME OF FATHER

Wm R. Barron

13 BIRTHPLACE OF FATHER

(State or country)

Bridgeport Mass.

14 MAIDEN NAME OF MOTHER

Gordelin M. Smith

15 BIRTHPLACE OF MOTHER

(State or country)

Boston

16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

S. B. Barron 300 Beacon St. Boston

17

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July 4 1912 (Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

July 2nd, 1912, to July 4th, 1912, that I last saw him alive on July 4th, 1912

and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

(Signed)

B. M. Smith M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

City of Brookline

Former or usual residence

Brookline

20 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Brookline

7/6 1912

21 UNDERTAKER

ADDRESS

C. R. Barron

Worcester

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Korean*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*tubercula*, *Struma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify any diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

(No. 149 Locust St. Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

If LESS than 1 day, hrs.

yrs. mos. ds. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I attended deceased from

1912, to 1912,

that I last saw h. alive on 1912,

and that death occurred, on the date stated above, at 6:10 AM

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 2 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

1912 (Address)

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

CHELSEA
(City or town.)

1 PLACE OF DEATH

Chelsea

(No. Frost Hospital

St. ; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Byram, Edward R.

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Winthrop, 90 Atlantic St.

Registered No. 373

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

Aug. 26 1853
(Month) (Day) (Year)

7 AGE

78 yrs. 11 mos. 14 ds.

If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Retired Dramatic Editor

(b) General nature of industry, business, or establishment in which employed (or employer)

Theatre Manager

9 BIRTHPLACE (State or country)

Boston, Mass.

10 NAME OF FATHER

Henry

11 BIRTHPLACE OF FATHER (State or country)

Portland, Me.

12 MAIDEN NAME OF MOTHER

Lucretia Loring

13 BIRTHPLACE OF MOTHER (State or country)

Dartmouth, Me.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C.R. Bennison

(Address)

Winthrop, Mass.

15 Filed July 13 1912

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 11, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

-----, 191-----, to -----, 191-----,

that I last saw him alive on -----, 191-----,

and that death occurred, on the date stated above, at ----- m.

The CAUSE OF DEATH* was as follows:

Multiple injuries following accidental fall down stairs

(Duration) ----- yrs. ----- mos. ----- ds.

Contributory (SECONDARY)

(Duration) ----- yrs. ----- mos. ----- ds.

(Signed) W.H. Watters

M.D.

July 12, 1912 (Address) Medical Examiner

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ----- yrs. ----- mos. ----- ds. In the State ----- yrs. ----- mos. ----- ds.

Where was disease contracted, If not at place of death ?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop, Mass.

DATE OF BURIAL

July 14, 1912

20 UNDERTAKER

C.R. Bennison

ADDRESS

Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town.)

¹ PLACE OF DEATH

119 Revere St

(No.)

Wentworth Mass

St.:

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

² FULL NAME

Samuel Brown

[If married or divorced woman or widow give maiden name, also name of husband.]

⁴ RESIDENCE

New Britain Conn

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

³ SEX

Male

⁶ COLOR OR RACE

White

⁵ SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Married

⁶ DATE OF BIRTH

(Month) (Day) (Year)

⁷ AGE

67

hrs. mos. ds. or min. ?

⁸ OCCUPATION

(a) Trade, profession, or particular kind of work

Retiree

(b) General nature of industry, business, or establishment in which employed (or employer)

Carpenter

⁹ BIRTHPLACE
(State or country)

Scotland

¹⁰ NAME OF FATHER

William Brown

¹¹ BIRTHPLACE OF FATHER
(State or country)

Scotland

¹² MAIDEN NAME OF MOTHER

Margaretta Magee

¹³ BIRTHPLACE OF MOTHER
(State or country)

Scotland

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Samuel Brown (wife)

(Address)

New Britain Conn

¹⁵

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH

July 13, 1912
(Month) (Day) (Year)

¹⁷ I HEREBY CERTIFY that I attended deceased from

July 3, 1912, to July 13, 1912, that I last saw him alive on July 12, 1912, and that death occurred, on the date stated above, at 3 A. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 12 ds.

Contributor
(SECONDARY)

Old cold & heart

(Duration) yrs. mos. ds.

(Signed)

Yarney A. Kelly

M.D.

July 14, 1912 (Address) 325 W. 1st St. N. B.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

¹⁹ PLACE OF BURIAL OR REMOVAL

New Britain Conn

DATE OF BURIAL

July 15, 1912

²⁰ UNDERTAKER

C. B. Bennett

ADDRESS

Wentworth

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

July 13, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plaster*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*urethrum*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), "9 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Ivanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicæmia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Primital Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ergotism*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 113

Shore Street

St. ;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Mrs Catherine Cummings

Bathurst Gleason John Cummings

870 1/2 Harrison Ave Boston

12

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

If LESS than

1 day, hrs.

19 yrs. 6 mos. 1 ds.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Ireland

10 NAME OF FATHER

Thomas Gleason

11 BIRTHPLACE OF FATHER (State or country)

Ireland

12 MAIDEN NAME OF MOTHER

McKusum

13 BIRTHPLACE OF MOTHER (State or country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed

191

REGISTRAR

16 DATE OF DEATH

July 16th

(Month)

(Day)

1912

(Year)

17

I HEREBY CERTIFY that I have investigated the

death of the deceased.

The CAUSE OF DEATH* was as follows:

Chronic cardiac lesion
Shock following immersion in water

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

W. H. Walter

July 16, 1912 (Address) M.D.

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

St. Benedict

July 19, 1912

20 UNDERTAKER

ADDRESS

Antoin H. Conwell 37 Dudley St

STANDARD CERTIFICATE OF DEATH.

July 16, 1912

Statement of occupation. — Precise statement of occupa-

tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. *236* *Lincoln* St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Winthrop Mass.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

M

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

6 22 1887
(Month) (Day) (Year)

8 AGE

75 yrs. *5* mos. *15* ds. or min. ?

If LESS than 1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Retired

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE (State or country)

Maine

11 NAME OF FATHER

Unknown

12 BIRTHPLACE OF FATHER (State or country)

Maine

13 MAIDEN NAME OF MOTHER

Unknown

14 BIRTHPLACE OF MOTHER (State or country)

Unknown

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Muriel Stone

(Address) *236 Lincoln St.*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 17 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

July 7 1912 to July 17 1912
that I last saw him alive on *July 17 1912*

and that death occurred, on the date stated above, at *9:30 Am.*

The CAUSE OF DEATH* was as follows:

Heart - Stroke

(Duration) yrs. mos. *9* ds.

Contributory (SECONDARY) *General Arteriosclerosis and Exhaustion*

(Duration) yrs. mos. ds.

(Signed) *Frank H. Lillan* M.D.

July 18 1912 (Address) *15 Princeton St. East Boston, Mass.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Woodlawn Cem

DATE OF BURIAL

7-18-1912

20 UNDERTAKER

H. C. Skaggs

ADDRESS

Winthrop

Filed 191

REGISTRAR

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

July 17, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonitis, etc., (*carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Strangulation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Melroe Hospital (No. Winthrop St

St.;

Ward)

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Caroline Low. McIntyre

[If married or divorced woman or widow give maiden name, also name of husband.]

divorced Willard F. McIntyre

4 RESIDENCE

92 Bartlett Road Winthrop, Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Divorced

6 DATE OF BIRTH

July 30th (1862) 1862
(Month) (Day) (Year)

7 AGE

49

yrs.

11

mos.

19

ds.

or

min.?

If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Chelsea Mass

10 NAME OF FATHER

Wm H. Hutchinson

11 BIRTHPLACE OF FATHER (State or country)

Boston Mass

12 MAIDEN NAME OF MOTHER

Rosalie Marie Bliss

13 BIRTHPLACE OF MOTHER (State or country)

Boston

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Fowler daughter

(Address) 92 Bartlett Road Winthrop

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July

(Month)

19th

(Day)

1912 (Year)

I HEREBY CERTIFY that I attended deceased from

1911, 191, to July 19th, 1912,

that I last saw her alive on July 19th, 1912,

and that death occurred, on the date stated above, at 2 am.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(Duration) 1 yrs. mos. ds.

Contributory. (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

B. H. Melroe

M.D.

July 19th, 1912 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death? 92 Woodland Bartlett Rd

Former or usual residence 92 Bartlett Rd Winthrop

19 PLACE OF BURIAL OR REMOVAL

Woodland Cemetery Mass

DATE OF BURIAL

July 21, 1912

20 UNDERTAKER

Chas R. Bennett

ADDRESS

Winthrop Mass

15

Filed

191

REGISTRAR

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupa-

tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*tubercula*, *Scrofula*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), "9 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Metcalf Hospital (No. Winthrop mass St.)

Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female white

4 COLOR OR RACE

5 SINGLE

MARRIED, married

WIDOWED,

OR DIVORCED

(Write the word)

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

40

yrs.

mos.

ds.

If LESS than
1 day, hrs.

or, min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Boston

10 NAME OF FATHER

Lazarus Levy

11 BIRTHPLACE OF FATHER (State or country)

Switzerland

12 MAIDEN NAME OF MOTHER

Elizabeth Jacobs

13 BIRTHPLACE OF MOTHER (State or country)

London Eng

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mr. Lewis Degroot

(Address)

46 Dolphin Ave Beachmont

Filed

191

REGISTRAR

16 DATE OF DEATH

July 20

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I attended deceased from

, 191, to, 191,

that I last saw h. alive on, 191,

and that death occurred, on the date stated above, at, m.

The CAUSE OF DEATH* was as follows:

see certificate attached

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

M.D.

, 191 (Address)

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Hun din Hand Dedham July 22 1912

19 UNDERTAKER

ADDRESS

Wm C Baraga

Charles

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Turner (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), ²⁹ *ds.*; *Broncho-pneumonia* (secondary), ¹⁰ *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Metcalf Hospital (No. *Winthrop*)

(City or town.)

St.:

Ward:

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Sarah Wiegroot

3 RESIDENCE

46 Dolphin Ave Braintree

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE 40 yrs. mos. ds. If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country)

Boston

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *July 20*, 191*2* (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from *July 16*, 191*2* to *July 20*, 191*2*, that I last saw her alive on *July 20*, 191*2*, and that death occurred, on the date stated above, at *6* m.

The CAUSE OF DEATH* was as follows:

acute obstruction of small intestine (7 thrombosis)

(Duration) yrs. mos. *6* ds.

Contributory.. (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

July 20, 191*2* (Address) *Ward 1* M.D.

If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. *3* ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? *Braintree*

Former or usual residence *Revere Mass*

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Hand in Hand Waltham July 22, 1912

20 UNDERTAKER

ADDRESS

Wm C Baraga 317 Broadway Chelsea

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *tertianum*, *Suicida*, etc., of... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Træmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Staccade*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Strangulation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wentworth Mass (No. 153 Wentworth

St.:

Ward)

Wentworth
(City or town.)[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

2 FULL NAME

Georgina L Belcher
[If married or divorced woman or widow
give maiden name, also name of husband.]

3 RESIDENCE

153 Wentworth St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

female

5 COLOR OR RACE

white

6 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Single

7 DATE OF BIRTH

May

12

1900

(Month)

(Day)

(Year)

8 AGE

12

yrs.

2

mos.

16

ds.

If LESS than
1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or
particular kind of work.

at School

(b) General nature of industry,
business, or establishment in
which employed (or employer).....

10 BIRTHPLACE

(State or country)

Massachusetts

11 NAME OF
FATHER

David

12 BIRTHPLACE
OF FATHER
(State or country)

Massachusetts

13 MAIDEN NAME
OF MOTHER

Mina Allen

14 BIRTHPLACE
OF MOTHER
(State or country)

Massachusetts

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....

C R Bennett

(Address).....

Wentworth Mass

16

Filed, 1912

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

July 21st

(Month)

(Day)

1912
(Year)

18 I HEREBY CERTIFY that I attended deceased from

July 8, 1912, to July 21st, 1912

that I last saw her alive on July 21st, 1912

and that death occurred, on the date stated above, at 2400 h.

The CAUSE OF DEATH* was as follows:

Acute Articular Rheumatism
complicated with Pericarditis
& Endocarditis

(Duration) yrs. mos. ds.

Contributory
(SECONDARY)

Pericarditis Endocarditis

(Duration) yrs. mos. ds.

(Signed) Horace J. Soule, M.D.

July 23rd 1912 (Address) 180 Wentworth St

* If death followed injury or violence the certificate of death must be made
out by the Medical Examiner.19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death ?Former or
usual residence.....

20 PLACE OF BURIAL OR REMOVAL

Wentworth Cem.

DATE OF BURIAL

July 27, 1912

21 UNDERTAKER

C R Bennett

ADDRESS

Wentworth

STANDARD CERTIFICATE OF DEATH.

July 21, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tubercu-*

losis of lungs, *meninges*, *peritoneum*, etc., (*tertiana*, *Scurvy*, etc., of.... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms);

Measles; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 70 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Træmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Murder*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Erosure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. 40, Washington Ave Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Caroline A. Bartlett
Hymen (Ozias E.)
40 Washington Ave. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

W

6 SINGLE,

MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Married

7 DATE OF BIRTH

8 (Month) 31 (Day) 1892 (Year)

8 AGE

79 yrs. 10 mos. 20 ds.

If LESS than
1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

at home

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE

(State or country)

Maine

11 NAME OF FATHER

Seth Hymen

12 BIRTHPLACE OF FATHER

(State or country)

Maine

13 MAIDEN NAME OF MOTHER

Sarah M. (Wentworth)

14 BIRTHPLACE OF MOTHER

(State or country)

Maine

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

C. E. Bartlett
267 Bond Street

16

Filed 1912

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

July 21, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from July 17, 1912, to July 21, 1912, that I last saw him alive on July 21, 1912, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris
General Arterio Sclerosis

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

Diabetes Mellitus

(Duration) yrs. mos. ds.

(Signed)

31 M. E. G. M.D.
July 22, 1912 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop Ave

DATE OF BURIAL

7-24, 1912

20 UNDERTAKER

W. S. Shaggo

ADDRESS

Winthrop

STANDARD CERTIFICATE OF DEATH.

July 21, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dug laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Boston Mass (No. *Epiphany Hospital* St. : Ward)

MUNICIPALITY

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Marie L Clark

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Winthrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

7 DATE OF BIRTH

1890 (Month) (Day) (Year)

8 AGE

22 yrs. — mos. — ds. If LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Cambridge Mass

11 NAME OF FATHER

Frederick C. Clark

12 BIRTHPLACE OF FATHER (State or country)

Dover Maine

13 MAIDEN NAME OF MOTHER

Estella Osborne

14 BIRTHPLACE OF MOTHER (State or country)

Foxcroft Maine

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Morgan B. Hodges

(Address)

Palmer Mass

16

Filed *July 24* 191*2*

E. L. Peck

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

July 20 191*2* (Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from *June 7* 191*2* to *July 20* 191*2* that I last saw him alive on *July 20* 191*2* and that death occurred, on the date stated above, at *4:45* p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

19 yrs. mos. ds.

Morgan B. Hodges M.D.

July 24 191*2* (Address) *Palmer Mass*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death *2* yrs. *1* mos. *21* ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence *Winthrop Mass*

19 PLACE OF BURIAL OR REMOVAL

Oak Knoll Cem
Palmer Mass

DATE OF BURIAL

July 26 191*2*

20 UNDERTAKER

E. M. Phillips

ADDRESS

Palmer Mass

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

July 23, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Scule," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Metcalfe Hospital

(No. *Waverley St*)

St.:

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Baby Still Born Anderson

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

17 Grant St Somerville Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

X

6 DATE OF BIRTH

July
(Month)

26
(Day)

1912
(Year)

7 AGE

Still Born

If LESS than 1 day, hrs.
or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(State or country)

Waverley Mass

10 NAME OF FATHER

Harry Anderson

11 BIRTHPLACE OF FATHER
(State or country)

Denmark

12 MAIDEN NAME OF MOTHER

Mabel A. Cummings

13 BIRTHPLACE OF MOTHER
(State or country)

Somerville Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Laidlow

(Address)

Metcalfe Hospital

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

*July 26*¹
(Month)

1912
(Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

July 26, 1912, to *July 26, 1912*, that I last saw him alive on *July 26, 1912*, and that death occurred, on the date stated above, at *10 a.m.*

The CAUSE OF DEATH* was as follows:

Premature still born.

(Duration) yrs. mos. ds.

Contributory.
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

W. H. Laidlow

M.D.

July 26, 1912 (Address) *Waverley Mass*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Waverley Cemetery

DATE OF BURIAL

7/27, 1912

20 UNDERTAKER

C. R. Bacon

ADDRESS

Waverley

STANDARD CERTIFICATE OF DEATH.

July 26, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*uræmic*, *Struma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Strangulation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Worcester
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Worcester

(No.)

220 Shirley

St. :

Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Bay State Born May

3 RESIDENCE

220 Shirley St Worcester

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Single

6 DATE OF BIRTH

still Born

1912
(Year)

(Month)

(Day)

7/26

7 AGE

If LESS than
1 day, hrs.

ys.

mos.

ds.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE

(State or country)

Worcester, Mass

10 NAME OF FATHER

Frank W. May

11 BIRTHPLACE OF FATHER

(State or country)

Central, Mass

12 MAIDEN NAME OF MOTHER

Mar. Fleming

13 BIRTHPLACE OF MOTHER

(State or country)

Somerville, Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

E. R. Bonneau

(Address)

Worcester, Mass

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July

(Month)

27
(Day)

1912
(Year)

17 I HEREBY CERTIFY that I attended deceased from

July 26, 1912, to July 27, 1912,

that I last saw him alive on *July 26, 1912,*

and that death occurred, on the date stated above, at *1.0 p.m.*

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration)

ys.

mos.

ds.

Contributory.
(SECONDARY)

(Duration)

ys.

mos.

ds.

(Signed)

W. J. Porter

M.D.

July 27, 1912 (Address) *Worcester*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death

ys.

mos.

ds.

In the

State

ys.

mos.

ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Worcester Cemetery

DATE OF BURIAL

7/27, 1912

20 UNDERTAKER

E. R. Bonneau

ADDRESS

Worcester

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

July 26, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Trail engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tubercu-*

- culosis of lungs, meningitis, peritonitis*, etc., (*tubercle, Scrophulous*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), "9 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Ivanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.
- Cases for the Medical Examiners.**—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:
1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Stricte*, *Homicide*, etc.
 2. Deaths supposedly caused by violence, as *Crinoid Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Esposure*, etc.
 3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
 4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Worcester

(No. 220 Shirley

St. ;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

4 RESIDENCE

220 Shirley St Worcester

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

July 26, 1912

(Month)

(Day)

(Year)

7 AGE

If LESS than 1 day, hrs.

yrs.

mos.

ds.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country)

Worcester, Mass

10 NAME OF FATHER

Frank W. May

11 BIRTHPLACE OF FATHER (State or country)

Somerville, Mass

12 MAIDEN NAME OF MOTHER

Mrs. Fleming

13 BIRTHPLACE OF MOTHER (State or country)

Somerville, Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

E R Bonner

(Address)

Worcester, Mass

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July

(Month)

27

(Day)

1912

(Year)

17 I HEREBY CERTIFY that I attended deceased from

July 26, 1912, to July 27, 1912,

that I last saw him alive on July 26, 1912,

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration)

yrs.

mos.

ds.

Contributory (SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

W. J. Porter

M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death

yrs.

mos.

ds.

In the State

yrs.

mos.

ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Worcester Cemetery

DATE OF BURIAL

7/27

1912

20 UNDERTAKER

E R Bonner

ADDRESS

Worcester

STANDARD CERTIFICATE OF DEATH.

July 27, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Tail engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *varicella*, *Scarlatina*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), "9 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Asphyxia*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop

(No. *270 Shirley St* St.:

Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Baby = Nay = Still (Born)

3 RESIDENCE

270 Shirley St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

X

7 DATE OF BIRTH

July
(Month)

26
(Day)

1912
(Year)

8 AGE

Still Born

If LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work,

2

(b) General nature of industry, business, or establishment in which employed (or employer),

2

10 BIRTHPLACE

(State or country)

Winthrop Mass

11 NAME OF FATHER

Frank. W. Nay

12 BIRTHPLACE OF FATHER

(State or country)

Cambridge

13 MAIDEN NAME OF MOTHER

Mar. Fleming

14 BIRTHPLACE OF MOTHER

(State or country)

Fomerille Mass

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C R Bennett

(Address)

Winthrop Mass

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

July
(Month)

27, 191*2*
(Day) (Year)

18 I HEREBY CERTIFY that I attended deceased from

July 26, 191*2*, to *July 27*, 191*2*,

that I last saw him alive on *July 26*, 191*2*,

and that death occurred, on the date stated above, at *1.9* a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) yrs. mos. ds.

Contributory.
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

M. J. Porter

M.D.

Winthrop, 191*2* (Address)

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

20 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Cemetery

7/28, 191*2*

21 UNDERTAKER

ADDRESS

C R Bennett

Winthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

July 27, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*uræmia*, *Starcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; (*Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.



COMMONWEALTH OF MASSACHUSETTS

COPY
REVERE.

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Charles William Lindquest* Registered No. *150*
Place of Death* *Revere, Revere Beach Parkway* Date of Death *July 28th 1962*
Residence *Winthrop, 235 Main St.* Age *5* years *8* months *17* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

East Boston, Mass.

NAME OF FATHER

Gustaf Lindquest

BIRTHPLACE OF FATHER ‡

Sweden

MAIDEN NAME OF MOTHER

Selma Russell

BIRTHPLACE OF MOTHER ‡

Sweden

OCCUPATION

INFORMANT §

Gustaf Lindquest

PLACE OF BURIAL OR REMOVAL ||

*Winthrop Cemetery
Mass.*

DATE OF BURIAL

July 30, 1962

UNDERTAKER

John Sprague

ADDRESS

East Boston, Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *190* to *190*,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Fracture of Skull & Hemorrhage run over by Automobile* (DURATION) *_____* DAYS

Contributory: *_____* (DURATION) *_____* DAYS

(Signed) *W. H. Watters* M.D.
July 28, 1962 (Address) *Medical Examiner*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? *_____* years *_____* months *_____* days

Where was disease contracted, if not at place of death? *_____*

Filed *Aug 5, 1962* *Albert J. Brown* Clerk
Town

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

July 28, 1912

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop

(No.)

78 Crystal Ave

St.;

Ward)

2 FULL NAME

Fola May Poor

[If married or divorced woman or widow give maiden name, also name of husband.]

Widow of Edwin E. Poor

4 RESIDENCE

78 Crystal Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED

(Write the word)

Widow

6 DATE OF BIRTH

Dec 31

1861

(Month)

(Day)

(Year)

7 AGE

57

yrs.

6

mos.

29

ds.

If LESS than

1 day, hrs.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

Saleswoman

(b) General nature of industry, business, or establishment in which employed (or employer)

Teacher

9 BIRTHPLACE

(State or country)

Skaneateles, N.Y.

10 NAME OF FATHER

Joseph Thomas

11 BIRTHPLACE OF FATHER

(State or country)

Sheffield Vt

12 MAIDEN NAME OF MOTHER

Jerusha Poor

13 BIRTHPLACE OF MOTHER

(State or country)

Morgan Vt

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Edith Gray Poor

(Address)

78 Crystal Ave

15

Filed

191

REGISTRAR

16 DATE OF DEATH

July

(Month)

29

(Day)

1912

(Year)

17

I HEREBY CERTIFY that I attended deceased from

Dec 15, 1911, to *July 29*, 1912,

that I last saw her alive on *July 28*, 1912,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

Indefinite

(Duration)

yrs.

mos.

ds.

Contributory

(SECONDARY)

Exhaustion

(Duration)

yrs.

mos.

ds.

(Signed)

W. J. Porter

M.D.

July 29, 1912

(Address)

Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death

yrs.

mos.

ds.

In the State

yrs.

mos.

ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop Mass

DATE OF BURIAL

7 31

1912

20 UNDERTAKER

C. A. Benson

ADDRESS

Winthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

July 29, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. 149, Revere St. St.; Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Baby Henderson

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX M 5 COLOR OR RACE W 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

7 DATE OF BIRTH 8 (Month) 3 (Day) 1912 (Year)

8 AGE If LESS than 1 day, hrs. 9 yrs. mos. ds. or min. ?

10 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

11 BIRTHPLACE

(State or country)

Winthrop Mass

12 NAME OF FATHER

See E. Henderson

13 BIRTHPLACE OF FATHER

(State or country)

Maine

14 MAIDEN NAME OF MOTHER

Ruth Raymond

15 BIRTHPLACE OF MOTHER

(State or country)

Mass

16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

See E. Henderson 149 Revere St.

17 Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Aug 3, 1912 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I attended deceased from

Aug 3, 1912 to Aug 3, 1912 that I last saw him alive on Aug 3, 1912

and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Still born infant

Contributory (SECONDARY)

(Signed) C. N. Cutler, M.D.

8.4, 1912 (Address) Chelsea

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

20 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

21 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Cem 8-6-1912

22 UNDERTAKER

ADDRESS

W. C. Skaggs Winthrop

N. B. — Every item of information should be carefully supplied. AGE statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Aug. 3, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicæmia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH—1912.

CITY OF
BOSTON.

7099

FULL NAME JAMES SKILLEN Registered No.Place of Death } Boston MASS. GEN. HOSPT. }
and Residence }Date of Death AUG. 5 1912. Age 72 years 2 months 23 days.

STATISTICAL DETAILS.

SEX M COLOR W SINGLE, MARRIED, WID., DIV. MAR.

Maiden Name

Husband's Name

Birthplace IRELANDName of Father JOHN SKILLENBirthplace of Father IRELANDMaiden Name of Mother ELIZABETH BROWNBirthplace of Mother IRELANDOccupation RETIRED

Informant

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1912, to 1912,
that to the best of my knowledge and belief death occurred, on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary
(Duration)CARCINOMA COLON - 5 MOSContributory: }
(Duration)(Signed) B. HOLLINGS M.D.AUG. 5

1912

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial or removal FOREST HILLS
F. L. BRIGGSUsual Residence WINTHROP (190 SHORE DRIVE)Filed AUG 9 1912A true copy
Attest:*EWM Glenen*

Registrar.

Aug. 5, 1912

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wentworth

(No. 100 Locust

St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

100 Locust St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

If LESS than 1 day,.....hrs.

yrs.

mos.

ds.

or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work..

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Ireland

10 NAME OF FATHER

Robert J. Linn

11 BIRTHPLACE OF FATHER (State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Ann Linn

13 BIRTHPLACE OF MOTHER (State or country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

100 Locust St.

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I attended deceased from

July 1, 1912, to Aug 5, 1912,

that I last saw her alive on Aug 4, 1912,

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

Hypersthenic degeneration of lungs

(Duration)

yrs.

mos.

10 ds.

Contributory (SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

Edward J. Linn

M.D.

Aug 7, 1912

(Address)

Wentworth

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death

yrs.

mos.

ds.

In the State

yrs.

mos.

ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Old Cal

DATE OF BURIAL

Aug 2, 1912

20 UNDERTAKER

H. W. Linn

ADDRESS

Wentworth

STANDARD CERTIFICATE OF DEATH.

Eng. 5, 192

Statement of occupation. — Precise statement of occupa-

tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Jay laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., (*uremia*, *Scarlatina*, etc., of..... (name origin: "Cancer" is less

definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; (*Chronic retractor heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Immition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Strangulation*, *Suffocation*, *Etoposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. Ocean View St Extension St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Dorothea P. Mc Carthy

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Single

6 DATE OF BIRTH

Aug

8

(Month)

(Day)

1909

(Year)

7 AGE

3

yrs.

mos.

ds.

If LESS than
1 day, hrs.

or min. ?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work.....(b) General nature of industry,
business, or establishment in
which employed (or employer).....9 BIRTHPLACE
(State or country)

Boston Mass

10 NAME OF
FATHER

John H.

11 BIRTHPLACE
OF FATHER
(State or country)

Winthrop Mass

12 MAIDEN NAME
OF MOTHER

Lizzie Pondleton

13 BIRTHPLACE
OF MOTHER
(State or country)

Winter Harbor Me

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

A. R. Pennum

(Address)

157 Winthrop St Winthrop

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug

6

(Month)

(Day)

1912

(Year)

17

I HEREBY CERTIFY that I attended deceased from

Aug 4,

1912,

to Aug 6,

1912,

that I last saw him alive on Aug 6,

1912,

and that death occurred, on the date stated above, at 6:15 P.M.

The CAUSE OF DEATH* was as follows:

Acute Necrotic Colitis

(Duration) yrs. mos. 4 ds.

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Charles J. Mahoney, M.D.

Aug 8, 1912 (Address) 304 Winthrop St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death ?.....Former or
usual residence.....

19 PLACE OF BURIAL OR REMOVAL

Winthrop Cemetery

DATE OF BURIAL

Aug 8,

1912

20 UNDERTAKER

C. R. Pennum

ADDRESS

Winthrop

STANDARD CERTIFICATE OF DEATH.

Aug. 6, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not fully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., (*carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; (*Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Dæmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winchot Mass

(No.)

Melrose Hospital

St. ;

Ward)

Winchot
(City or town.)[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

2 FULL NAME

Francis St Lawrence

[If married or divorced woman or widow
give maiden name, also name of husband.]

4 RESIDENCE

Syracuse St R Shiley

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

5 COLOR OR RACE

White

6 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Married

7 DATE OF BIRTH

Aug 22 1880
(Month) (Day) (Year)

7 AGE

If LESS than

1 day.....hrs.

31 yrs. 11 mos. 14 ds. or.....min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work

accountant

(b) General nature of industry,
business, or establishment in
which employed (or employer)

Flower House

9 BIRTHPLACE
(State or country)10 NAME OF
FATHER

Henry

11 BIRTHPLACE
OF FATHER
(State or country)

Canada

12 MAIDEN NAME
OF MOTHER

Mary E. Miner

13 BIRTHPLACE
OF MOTHER
(State or country)

Rutland VT

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Clarence A St Lawrence

(Address)

Waban Mass

Filed

1912

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH

Aug 6 1912
(Month) (Day) (Year)

11 I HEREBY CERTIFY that I attended deceased from

Aug 3 1912, to Aug 6 1912,
that I last saw him alive on Aug 6 1912,
and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(Duration) yrs. mos. 2 ds.

Contributory
(SECONDARY)

Appendicitis (Operated)

(Duration) yrs. mos. 3 ds.

(Signed)

Dr. J. Porter

M.D.

Aug 8 1912 (Address) Winchot

* If death followed injury or violence the certificate of death must be made
out by the Medical Examiner.15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS).At place
of death yrs. mos. 3 ds. State yrs. mos. ds.Where was disease contracted,
if not at place of death? Syracuse St R ShileyFormer or
usual residence

Somerville

16 PLACE OF BURIAL OR REMOVAL

Rutland VT

DATE OF BURIAL

Aug 8 1912

17 UNDERTAKER

C R Bunker

ADDRESS

Winchot

STANDARD CERTIFICATE OF DEATH.

and 6, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer*—*Cold mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonium*, etc., (*tubercle*, *Sarcoid*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wentworth

(No. Melrose Hospital

St.;

Ward)

Wentworth
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Mary Bauff

Single

3 RESIDENCE

87 Fremont St

Wentworth

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

7 DATE OF BIRTH

June 16

(Month)

(Day)

(Year)

8 AGE

55

yrs.

mos.

ds.

If LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Home work

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE (State or country)

Bermuda

11 NAME OF FATHER

John

12 BIRTHPLACE OF FATHER (State or country)

Ireland

13 MAIDEN NAME OF MOTHER

Henette Bennett Mary Duke

14 BIRTHPLACE OF MOTHER (State or country)

Wentworth Eng Wales

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Dan M. Lee

(Address)

87 Fremont St

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Aug

(Month)

6

(Day)

1912 (Year)

18 I HEREBY CERTIFY that I attended deceased from

Aug 5, 1912, to Aug 6, 1912,

that I last saw her alive on Aug 6, 1912,

and that death occurred, on the date stated above, at 12:10 p.m.

The CAUSE OF DEATH* was as follows:

Perforation of Stomach
Probable ulcer of the wall

(Duration)

yrs.

mos.

7 ds.

Contributory (SECONDARY)

Operation

(Duration)

yrs.

mos.

1 ds.

(Signed)

Aug 5, 1912

(Address)

Wentworth

M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death

yrs.

mos.

1 ds.

In the State

yrs.

mos.

ds.

Where was disease contracted, if not at place of death?

87 Fremont St Wentworth

Former or usual residence

87 Fremont St Wentworth

20 PLACE OF BURIAL OR REMOVAL

Wentworth Cemetery

DATE OF BURIAL

Aug 8, 1912

21 UNDERTAKER

C R Bann

ADDRESS

Wentworth

STANDARD CERTIFICATE OF DEATH.

Aug. 6, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal meningitis*; definite synonym is "Epidemic cerebro-spinal meningitis"; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningis, peritonaeum, etc., (*uremicum, Scurvy*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Pneumo-pneumonia* (secondary), 70 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Esposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

4330

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Metcalfe Hospital, Winthrop

St. : Ward)

2 FULL NAME

William J. Nelson

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

36 Madison Ave., Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

(Write the word)

7 DATE OF BIRTH

(Month) (Day) (Year)

8 AGE

30 yrs. mos. ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Contractor

(b) General nature of industry, business, or establishment in which employed (or employer).

Heating

10 BIRTHPLACE

(State or country)

Halifax N.S.

11 NAME OF FATHER

William

12 BIRTHPLACE OF FATHER

(State or country)

Unknown

13 MAIDEN NAME OF MOTHER

Alice Hogan

14 BIRTHPLACE OF MOTHER

(State or country)

Unknown

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mary J. Nelson

(Address)

16 DATE OF DEATH

August 7, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Oedema and congestion of the lungs, and oedema of the brain. Cause indeterminate (Further chemical examination.) ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) George B. Rogers, M.D.

Aug 8, 1912 (Address) 7, 1st

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence.

18 PLACE OF BURIAL OR REMOVAL

St. Benedict (Westbury)

DATE OF BURIAL

Aug 10, 1912

19 UNDERTAKER

Thos. J. Lane

ADDRESS

140 Bay St. E Boston

Filed , 191

REGISTRAR

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Aug. 7, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesmen*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid a use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Typhemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Eraposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

4338
Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop (No. 100 Winthrop Beach, Myrtle St. Ward)

2 FULL NAME

Thomas J. Waters
[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Harvard, Mass.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Single

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

25 yrs. mos. ds.

If LESS than 1 day, hrs.

or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug 9, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Drowning, accidental

(Duration) yrs. mos. ds.

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) George Rogers Magisth M.D.

Aug 9, 1912 (Address) 100 Winthrop Beach, Myrtle St.
MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Frank A. Magisth

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Aug. 9, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

4343

Wintthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Wintthrop (No. 48 Crystal Cove Ave. St.; Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

29 Crystal Cove Ave. Wintthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Single

7 DATE OF BIRTH

(Month) (Day) (Year)

8 AGE

If LESS than 1 day, hrs.

or min. ?

17 yrs. mos. ds.

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Nothing

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE

(State or country)

Cambridge England

11 NAME OF FATHER

William

12 BIRTHPLACE OF FATHER
(State or country)

England

13 MAIDEN NAME OF MOTHER

Elizabeth Snowball

14 BIRTHPLACE OF MOTHER
(State or country)

Eng

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. A. F. Wilson

(Address)

29 Crystal Cove Ave

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

August 11, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows: Natural Causes:

Aneurism of the Aorta, with rupture, and consequent hemopericardium (Sudden death)

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) George Burges Maynard, M.D.

Aug. 12, 1912. (Address) 210th MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Morpeth Eng

DATE OF BURIAL

Sept. 1912

20 UNDERTAKER

C. H. Leman

ADDRESS

Wintthrop

N. B.— Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Aug. 11, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asbhenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Trauma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERINEAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PLACE OF DEATH

Winthrop Mass No. 15 Nevada

St. : Ward :

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Daniel O'Keilly

3 RESIDENCE

73 Village St Boston

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *M* 4 COLOR OR RACE *W* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *S*
(Write the word)

6 DATE OF BIRTH *April 17*, 19*11*
(Month) (Day) (Year)

7 AGE *1* yrs. *3* mos. *25* ds. If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Boston

10 NAME OF FATHER

William

11 BIRTHPLACE OF FATHER (State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Helen Cronin

13 BIRTHPLACE OF MOTHER (State or country)

Boston

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Father

15 Filed *191*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Aug 12*, 191*12*
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from *Aug 12*, 191*12*, to *Aug 12*, 191*12*, that I last saw her alive on *Aug 12*, 191*12*, and that death occurred, on the date stated above, at *6:40* p.m.

The CAUSE OF DEATH* was as follows:

Infantile Convulsions

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) *H. O. Smith*, M.D.

Aug 12, 191*12* (Address)

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Walworth

DATE OF BURIAL

Aug 14, 191*12*

20 UNDERTAKER

ADDRESS

H. O. Smith 115 Harrison Ave

N. B. — Every item of information should be fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Aug. 12, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town.)

1 PLACE OF DEATH

Winthrop (No. 50, Maine St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Tillie M. Draper
[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

50 Maine Street

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

female

5 COLOR OR RACE

white

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED

single
(Write the word)

7 DATE OF BIRTH

February 21, 1912
(Month) (Day) (Year)

8 AGE

X yrs. 5 mos. 20 ds. or min. ?
If LESS than 1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Boston, Mass

11 NAME OF FATHER

Henry F. Draper

12 BIRTHPLACE OF FATHER (State or country)

Plymouth, N. H.

13 MAIDEN NAME OF MOTHER

Annie E. Chappell

14 BIRTHPLACE OF MOTHER (State or country)

Boston, Mass

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Henry F. Draper
Winthrop, Mass

16

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

August 13, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Aug 12, 1912, to Aug 13, 1912, that I last saw her alive on Aug 13, 1912, and that death occurred, on the date stated above, at 9:30 P.M.

The CAUSE OF DEATH* was as follows:

Infection diarrhoea

5 days

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Ernest S. Booth, M.D.
Aug 15, 1912 (Address) 2 Auburn St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Mt Hope

DATE OF BURIAL

Aug 15, 1912

20 UNDERTAKER

Shortman Bros

ADDRESS

Boston

STANDARD CERTIFICATE OF DEATH.

Aug. 13, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Typhemia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

19 George St (No. *Wintthrop* St.;

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Lemondal D. Drake

[If married or divorced woman or widow give maiden name, also name of husband.]

4 RESIDENCE

19 George St *Wintthrop*

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

Dec

6

1829

(Month)

(Day)

(Year)

7 AGE

If LESS than 1 day, hrs.

82 yrs. *8* mos. *10* ds.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Retiree

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Union Me

10 NAME OF FATHER

John

11 BIRTHPLACE OF FATHER (State or country)

N. H.

12 MAIDEN NAME OF MOTHER

Polly Luce

13 BIRTHPLACE OF MOTHER (State or country)

Me

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Os Berman

(Address)

154 Wintthrop

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH

August

14

(Month)

(Day)

1912

(Year)

I HEREBY CERTIFY that I attended deceased from *March 20*, 1912, to *August 14*, 1912, that I last saw him alive on *August 14*, 1912, and that death occurred, on the date stated above, at *m.*

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

9

(Duration)

yrs.

mos.

ds.

Contributory (SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

Harvey M. Kelly

M.D.

August 16, 1912 (Address)

325 Wintthrop St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death

yrs.

mos.

In the State

yrs.

mos.

ds.

Where was disease contracted, If not at place of death?

Former or usual residence

16 PLACE OF BURIAL OR REMOVAL

Lincolnville Me

DATE OF BURIAL

Aug 17, 191

17 UNDERTAKER

Os Berman

ADDRESS

Wintthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Aug. 14, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Korean*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonium*, etc., *tubercula*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 15)

Easton St.

St. :

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Thomas Henry Lincoln

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

15 10 Easton St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

June 26, 1900
(Month) (Day) (Year)

7 AGE

32 yrs. 1 mos. 19 ds.

If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

Public School

9 BIRTHPLACE

(State or country)

Conn. Boston

10 NAME OF FATHER

John J. Lincoln

11 BIRTHPLACE OF FATHER (State of country)

Augusta Me.

12 MAIDEN NAME OF MOTHER

Rose Moore

13 BIRTHPLACE OF MOTHER (State or country)

Sydney N. B.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 10 Easton St.

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug 15, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

July, 1912, to Aug 15, 1912, that I last saw him alive on Aug 14, 1912, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Endo carditis

(Duration) 2 yrs. mos. ds.

Contributory.. (SECONDARY)

(Duration) YES. mos. ds.

(Signed)

Aug 15, 1912 (Address) Winthrop

M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

1912

20 UNDERTAKER

ADDRESS

45 Winthrop 17-ALL

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engine*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Korean*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc. ("Tuberculous", etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), "29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Eraposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH—1912.

CITY OF
BOSTON.FULL NAME JAMES M BLAIR Registered No. 7411Place of Death } Boston
and Residence } AMBULANCE DIV.4Date of Death AUG.16 1912. Age 50 years months days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

M W MAR.

Maiden Name

Husband's Name

Birthplace SCOTLANDName of Father THOMAS BLAIRBirthplace of Father SCOTLANDMaiden Name of Mother ELIZABETH MC ALPINEBirthplace of Mother SCOTLANDOccupation SALESMAN

Informant

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1912, to 1912,
that to the best of my knowledge and belief death occurred, on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary:
(Duration)NATURAL CAUSES - PROB.HEART
DIS. (SUDDEN DEATH)Contributory:
(Duration)(Signed) G. B. MAGRATH, MED. EX. M.D.AUG.16 1912

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial WINTHROP (WINTHROP CEM)
or removalUsual Residence WINTHROP (MERMAID AVE)Undertaker C. R. BENNISON
WINTHROPFiled AUG 20 1912A true copy
Attest:*EWM Glenew*

Registrar.

Aug. 16, 1912

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 35 Mermaid Ave St. ;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Winifred Curley

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

35 Mermaid Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

7 DATE OF BIRTH

(Month) (Day) (Year)

8 AGE

68

yrs.

mos.

ds.

If LESS than 1 day, hr. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Ireland

11 NAME OF FATHER

Michael Lennon

12 BIRTHPLACE OF FATHER (State or country)

Ireland

13 MAIDEN NAME OF MOTHER

Catherine Kane

14 BIRTHPLACE OF MOTHER (State or country)

Ireland

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Mary E. Flynn

35 Mermaid Ave

16

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Aug.

(Month)

18

(Day)

1912

I HEREBY CERTIFY that I attended deceased from

June 1st, 1912, to Aug. 1st, 1912

that I last saw her alive on Aug. 1st, 1912

and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Metral Regurgitation

18 (Duration) yrs. mos. ds.

Contributory (SECONDARY) Arterio-Sclerosis

(Duration) yrs. mos. ds.

(Signed) M. J. Potts M.D.

Aug. 19, 1912 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

20 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Old Calvary Cem.

Aug. 21, 1912

21 UNDERTAKER

ADDRESS

John F. O'Malley

79 Alta St

STANDARD CERTIFICATE OF DEATH.

Aug. 18, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Rail engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Broncho-pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Stictele*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wintthrop

(No.

180 Bedford

St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

John G. Schuler

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

180 Bedford St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Married

6 DATE OF BIRTH

Oct

11

1898

(Month)

(Day)

(Year)

7 AGE

83

yrs.

10

mos.

9

ds.

If LESS than 1 day, hrs.

or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

retiree

(b) General nature of industry, business, or establishment in which employed (or employer)

farmer

9 BIRTHPLACE

(State or country)

Bavaria Germany

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C R Berman

(Address)

Wintthrop Mass

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct

20

1912

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I attended deceased from

, 191

to

Aug 18th

, 1912

that I last saw him alive on

Aug 18th

, 1912

and that death occurred, on the date stated above, at 1:30 A.M.

The CAUSE OF DEATH* was as follows:

Disease of Heart and Kidneys

(Duration)

2

mos.

ds.

Contributory
(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

Albert B. Borman

M.D.

Aug. 22, 1912 (Address) Wintthrop, Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place

of death

yrs.

mos.

ds.

In the

State

yrs.

mos.

ds.

Where was disease contracted, If not at place of death?

Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL

Wintthrop Cemetery

DATE OF BURIAL

Aug 22, 1912

20 UNDERTAKER

C R Berman

ADDRESS

Wintthrop

STANDARD CERTIFICATE OF DEATH.

Aug. 20, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Iron laborer*, *Furnace laborer*, *Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Turner (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*tubercle*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposed caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

5 COLOR OR RACE

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

7 DATE OF DEATH

8 DATE OF BIRTH

9 AGE

If LESS than 1 day, hrs. or min.?

10 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

11 BIRTHPLACE

(State or country)

12 NAME OF FATHER

13 BIRTHPLACE OF FATHER
(State or country)

14 MAIDEN NAME OF MOTHER

15 BIRTHPLACE OF MOTHER
(State or country)

16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

I HEREBY CERTIFY that I attended deceased from Aug 29th, 1912, to Aug 30th, 1912, that I last saw him alive on Aug 30th, 1912 and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Gall stone impacted in common duct.
Cholecystectomy
(Duration) yrs. mos. 1 ds.

Contributory
(SECONDARY)

Signed

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 20 yrs. mos. 2 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Filed

191

REGISTRAR

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Aug. 30, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Turner (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonæum, etc., (various, *Sarcina*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Draenia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

4416

Wintthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Wintthrop

(No. 247)

Shirley

St.; Ward)

2 FULL NAME

William E. Cassidy

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

247 Shirley St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Married

7 DATE OF BIRTH

(Month) (Day) (Year)

8 AGE

56

yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Boston - Mass

11 NAME OF FATHER

Michael Cassidy

12 BIRTHPLACE OF FATHER
(State or country)

Ireland

13 MAIDEN NAME OF MOTHER

Ann Coffey

14 BIRTHPLACE OF MOTHER
(State or country)

Ireland

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

247 Shirley St.

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Aug 31 1912
(Month) (Day) (Year)

I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural Causes:
probably cerebral hemorrhage,
spontaneous (apoplexy)
(Sudden Death)

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Joseph Bryan Maguire M.D.
Aug 31 1912 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Calvary Burying Ground, 1912

20 UNDERTAKER

ADDRESS

123 Broadway

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Aug. 31, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Traemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Reverber wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Eraposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 177

Pauline

St.:

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Jessie B. Morton
(Beattie) Herbert A. Morton

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Married

7 DATE OF BIRTH

1872
(Month) (Day) (Year)

8 AGE

40 yrs. mos. ds. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

M.B.

11 NAME OF FATHER

John Beattie

12 BIRTHPLACE OF FATHER (State or country)

Ont.

13 MAIDEN NAME OF MOTHER

Mcintosh

14 BIRTHPLACE OF MOTHER (State or country)

N.B.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Herbert A. Morton

(Address) 177 Pauline St. Winthrop

16

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Sept. 1, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

Nov. 15, 1911, to Aug. 3, 1912,

that I last saw her alive on Aug. 3, 1912,

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

Probably (Duration) 2 yrs. mos. ds.

Contributory (SECONDARY) Librarian's Office

(Duration) yrs. 1 mos. ds.

(Signed) M. J. Porter, M.D.

Sept. 1, 1912 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

New Mills N.B.

DATE OF BURIAL

9-3-1912

20 UNDERTAKER

W. Skaggs

ADDRESS

Winthrop

STANDARD CERTIFICATE OF DEATH.

Sept. 1, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Trauma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 20

Floyd

St. :

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Jane Corrigan, Henry
[If married or divorced woman or widow give maiden name, also name of husband.]

Widow of Patrick Henry - Corrigan

Registered No.

3 RESIDENCE

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Widow

6 DATE OF BIRTH

Oct

15

1832

(Month)

(Day)

(Year)

7 AGE

79 yrs. 10 mos. 17 ds.

If LESS than 1 day, hrs.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Ireland

10 NAME OF FATHER

William Corrigan

11 BIRTHPLACE OF FATHER (State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Mary Keany

13 BIRTHPLACE OF MOTHER (State or country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Mary Henry Reber
Philadelphia Pa

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept. 1

1

1912

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I attended deceased from

July 1, 1912, to Sept. 1, 1912,

that I last saw her alive on Aug. 31, 1912,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(Duration) yrs. 4 mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Edward J. Hauger

M.D.

Sept. 2, 1912 (Address) 44 B. 11th Road

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross Cem

Sept. 2, 1912

20 UNDERTAKER

ADDRESS

John F. O'Mahony

79 Atlantic St

STANDARD CERTIFICATE OF DEATH.

Sept. 1, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never re-port "Typhoid pneumonia"); *Lobar pneumonia*, *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *teratoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Eremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

1 PLACE OF DEATH

Winthrop

(No.

30 Beal

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Dennis Reardon

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

30 Beal st.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

(Month)

(Day)

(Year)

8 AGE

67

hrs.

mos.

ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

Hostler

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE (State or country)

Ireland

11 NAME OF FATHER

Cornelius Reardon

12 BIRTHPLACE OF FATHER (State or country)

Ireland

13 MAIDEN NAME OF MOTHER

Johanna Murphy

14 BIRTHPLACE OF MOTHER (State or country)

Ireland

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Julia A. Reardon

(Address)

30 Beal st.

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Sept

2

1912

(Month)

(Day)

(Year)

18 I HEREBY CERTIFY that I attended deceased from

Aug 20

1912

to Aug 31

1912

that I last saw him alive on Aug 31, 1912

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

General Arterio Sclerosis
Chronic Bronchitis

(Duration) 5 yrs. mos. ds.

Contributory (SECONDARY)

Broncho Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed)

W. H. Prueger

M.D.

Sept 3, 1912 (Address) 408 Mendham St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

20 PLACE OF BURIAL OR REMOVAL

Holy Cross, Malden

DATE OF BURIAL

Sept 4, 1912

21 UNDERTAKER

M. J. Kelly

ADDRESS

44 Maverick St.

STANDARD CERTIFICATE OF DEATH.

Sept. 2, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Viel engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonitis, etc., (*carcinoma, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubercular heart disease*; (*Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Worcester

#15 Washington St.;

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Lydia Ann Prior

[If married or divorced woman or widow give maiden name, also name of husband.]

Widow Geo. P. Prior - Sanborn

3 RESIDENCE

15 Washington

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

6 DATE OF BIRTH

Feb

(Month)

(Day)

1839

(Year)

7 AGE

72

yrs.

8

mos.

ds.

If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Duxbury Mass

10 NAME OF FATHER

Eliza Sampson

11 BIRTHPLACE OF FATHER (State or country)

Duxbury Mass

12 MAIDEN NAME OF MOTHER

Ann Weston

13 BIRTHPLACE OF MOTHER (State or country)

Duxbury Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C. H. B. Jones

(Address)

Worcester Mass

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept

(Month)

3

(Day)

1912

(Year)

17 I HEREBY CERTIFY that I attended deceased from

Jan, 1911, to *Sept 3*, 1912, that I last saw her alive on *Sept 3*, 1912, and that death occurred, on the date stated above, at *10 am*.

The CAUSE OF DEATH* was as follows:

myocarditis
with degeneration of heart

(Duration) yrs. *2* mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

B. H. Medical

M.D.

911 5, 1912 (Address) *W. H. Jones*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Duxbury Mass

DATE OF BURIAL

Sept 5, 1912

20 UNDERTAKER

C. H. Jones

ADDRESS

W. H. Jones

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Sept. 3, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Tire engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mines*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, n yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*typho-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Creep"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., (*urticaria*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; (*Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), "9 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assthenea," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Etoposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

(City or town.)

Winthrop

(No. *Metcalfe Hospital*)

St. j.

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

"Rolderson"

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

Full Born

If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Winthrop Mass

10 NAME OF FATHER

James Calderin

11 BIRTHPLACE OF FATHER (State or country)

Hamden Ky

12 MAIDEN NAME OF MOTHER

Annie Harrison

13 BIRTHPLACE OF MOTHER (State or country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Robert Metcalfe

(Address)

Winthrop Mass

15 DATE OF DEATH

Steel born Sept 4, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

, 191, to, 191,

that I last saw h. alive on, 191,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Protrusion of the umbilical cord inducing death from pressure on some by head before chest could be reached. (Duration) yrs. mos. ds.

Contributory.. *Large amount of Amoebic fluid along cord* (Duration) yrs. mos. ds.

(Signed) M.D.

, 191 (Address) *Fort Banks*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death ?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop Mass

DATE OF BURIAL

Sept 8, 1912

20 UNDERTAKER

Chas. J. ...

ADDRESS

Winthrop

18

Filed

, 191

REGISTRAR

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Sept. 4, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Fireman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Curvatura*, *Scorbutus*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 2nd ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Eraposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

BOSTON

(City or town.)

1 PLACE OF DEATH

Winthrop

(No. 111, Locust

St. ; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Caroline Williams

[If married or divorced woman or widow give maiden name, also name of husband.]

Widow of John H. Nee Theurer

3 RESIDENCE

111 Locust St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

58

ys. mos. ds.

If LESS than 1 day, hrs.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

at Home

9 BIRTHPLACE (State or country)

Brooklyn N. Y.

10 NAME OF FATHER

John Theurer

11 BIRTHPLACE OF FATHER (State or country)

Germany

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (State or country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Augustus Williams

(Address)

111 Locust St.

15

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept. 5

1912

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I attended deceased from

Aug. 11, 1912, to Sept. 5th, 1912,

that I last saw her alive on Sept. 5th, 1912,

and that death occurred, on the date stated above, at 11:40 P.M.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

Since Aug. 11th. (Duration) yrs. mos. ds.

Contributory Cause of Death

(SECONDARY)

24 hrs

(Duration) yrs. mos. ds.

(Signed) Harold D. Andrews, M.D.

Sept. 5, 1912 (Address) 1068 Broadway, Boston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Mt. Hope

DATE OF BURIAL

Sept. 8, 1912

20 UNDERTAKER

Thos. J. Lane

ADDRESS

120 Haver St. E. Boston

STANDARD CERTIFICATE OF DEATH.

Sept. 5, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Traemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop

(No. 11 Revere

St. ...

Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Elizabeth P. Jackson

Widow of George P. nee Lang

3 RESIDENCE

11 Revere St. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

6 DATE OF BIRTH

April

7

1849

7 AGE

68 yrs. 5 mos. 3 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

at home

9 BIRTHPLACE (State or country)

Boston Mass.

10 NAME OF FATHER

Augustus Lang

11 BIRTHPLACE OF FATHER (State or country)

Prussia

12 MAIDEN NAME OF MOTHER

Mary A. Dacey

13 BIRTHPLACE OF MOTHER (State or country)

Boston Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mary A. Jackson

(Address)

11 Revere St.

Filed

191

REGISTRAR

10 DATE OF DEATH

Sept

10

1912

17

I HEREBY CERTIFY that I attended deceased from

February

1912, to

Sept 10

1912

that I last saw her alive on

Sept 10

1912

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Lungs

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Sept 10, 1912

31 Rutland Wintrop

M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

16 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross

Sept 13 1912

17 UNDERTAKER

ADDRESS

Mrs. J. Lane

120 Howe St.

N B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Sept. 10, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*(out hiring)*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Turner (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never re-port "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Muscles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mæsles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc. When a definite disease can be ascertained as the cause, always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Suffocation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wentworth

(No. 26, Forest St.)

Ward

4443
Wentworth
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Charlotte W. Bowman

"Charles"

[If married or divorced woman or widow give maiden name, also name of husband.]

Charlotte Williams

4 RESIDENCE

26 Forest St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED

(Write the word) married

6 DATE OF BIRTH

Jan

23

1887

(Month)

(Day)

(Year)

7 AGE

55

mos.

ds.

If LESS than 1 day.....hrs.

or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Royalton Vt

10 NAME OF FATHER

Charles Williams

11 BIRTHPLACE OF FATHER

(State or country)

Royalton Vt

12 MAIDEN NAME OF MOTHER

Julia Smith

13 BIRTHPLACE OF MOTHER

(State or country)

Royalton Vt

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Ed. Bowman

(Address)

Wentworth Mass

15

Filed.....191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept. 10, 1912

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I have investigated the

death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural Causes:

Carcinoma of the Breast

(Duration).....mos.....ds.

Contributory (SECONDARY)

(Duration).....yrs.....mos.....ds.

(Signed)

Georg Buzyn Magrath

M.D.

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Essex Junction Vt

DATE OF BURIAL

Sept 13, 1912

20 UNDERTAKER

C.R. Benson

ADDRESS

Wentworth

STANDARD CERTIFICATE OF DEATH.

Sept. 10, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assthemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Traemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. 110, Herman St.; Ward)

2 FULL NAME

Willis Russel Wilkes

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

110 Herman St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

M

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Single

7 DATE OF BIRTH

1908
(Month) (Day) (Year)

8 AGE

4 yrs. mos. ds. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE
(State or country)

Winthrop

11 NAME OF FATHER

Harry Wilkes

12 BIRTHPLACE OF FATHER
(State or country)

E Boston

13 MAIDEN NAME OF MOTHER

Phillips

14 BIRTHPLACE OF MOTHER
(State or country)

Winthrop

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Harry Phillips
110 Herman St.

16

Filed 1912

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Sept. 12, 1912
(Month) (Day) (Year)

18 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Multiple burns caused by the accidental ignition of clothing (matches)

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) George Augustus Magnolia, M.D.

Sept. 12, 1912 (Address) 6 PM

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

20 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Cem

9-14, 1912

21 UNDERTAKER

ADDRESS

W.C. Skagg &

Winthrop

STANDARD CERTIFICATE OF DEATH.

Sept. 12, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

¹ PLACE OF DEATH

Winthrop

(No. 53 - Atlantic

St.; Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

² FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

³ RESIDENCE

Martha Roselthe Torrey
Merritt - Willard Torrey
Winthrop 53 - Atlantic St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

³ SEX

Female

⁴ COLOR OR RACE

White

⁵ SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)
Widowed

⁶ DATE OF BIRTH

July 15, 1833
(Month) (Day) (Year)

⁷ AGE

77 yrs. 2 mos. — ds. or min. ?
If LESS than 1 day, hrs.

⁸ OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

⁹ BIRTHPLACE
(State or country)

Situate Mass.

¹⁰ NAME OF FATHER

Francis Merritt

¹¹ BIRTHPLACE OF FATHER
(State or country)

Situate Mass

¹² MAIDEN NAME OF MOTHER

Clarissa Litchfield

¹³ BIRTHPLACE OF MOTHER
(State or country)

Situate Mass

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Priscilla Stetson
(Address) 53 - Atlantic St

¹⁵

Filed, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH

Sept 14, 1912
(Month) (Day) (Year)

¹⁷ I HEREBY CERTIFY that I attended deceased from Sept 13, 1912, to Sept 14, 1912, that I last saw him alive on Sept 13, 1912, and that death occurred, on the date stated above, at 12⁰⁰ a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

15 hours (Duration) X yrs. X mos. X ds.

Contributory
(SECONDARY)

Arterio-sclerosis

Senescent yrs. X mos. X ds.

(Signed)

Sept 14, 1912 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

¹⁹ PLACE OF BURIAL OR REMOVAL

Norwell Mass

DATE OF BURIAL

Sept 16, 1912

²⁰ UNDERTAKER

E. A. Sparrell

ADDRESS

Norwell

STANDARD CERTIFICATE OF DEATH.

Sept. 14, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Er posture*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 25 Jefferson

St. ;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Van Dalinda

[If married or divorced woman or widow give maiden name, also name of husband.]

4 RESIDENCE

Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH

Still born

(Month) (Day) (Year)

7 AGE

Still born

If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work,...

(b) General nature of industry, business, or establishment in which employed (or employer).....

9 BIRTHPLACE

(State or country)

Winthrop

10 NAME OF FATHER

William Van Dalinda

11 BIRTHPLACE OF FATHER

(State or country)

Patterson N.J.

12 MAIDEN NAME OF MOTHER

Ellen T. Ryan

13 BIRTHPLACE OF MOTHER

(State or country)

East Boston

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Ellen Van Dalinda

(Address)

25 Jefferson St.

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept. 14, 1912

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I attended deceased from

....., 1912, to....., 191.....,

that I last saw h..... alive on....., 191.....,

and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH* was as follows:

still born (Delivered Sep. 14/1912)

(Duration) yrs. mos. ds.

Contributory..

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Edward J. Grainger

M.D.

Sept. 14, 1912

(Address)

Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death, yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

St Michael Lem

DATE OF BURIAL

Sept. 14, 1912

20 UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

2088. 14, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonium*, etc., (*curriculum*, *Sarcoma*, etc., of... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

¹ PLACE OF DEATH

Winthrop

(No. *70*, *Sagamore* St. Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

² FULL NAME *William P. Brown*

[If married or divorced woman or widow give maiden name, also name of husband.]

³ RESIDENCE *Winthrop, Mass.*

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

⁴ SEX

M

⁴ COLOR OR RACE

W

⁵ SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widowed

⁶ DATE OF BIRTH

8 *8th* *1840*
(Month) (Day) (Year)

⁷ AGE

72 yrs. — mos. *16* ds.

If LESS than 1 day.....hrs. or.....min.?

⁸ OCCUPATION

(a) Trade, profession, or particular kind of work

Secy State Bd of Health

(b) General nature of industry, business, or establishment in which employed (or employer)

⁹ BIRTHPLACE

(State or country)

N-S-

¹⁰ NAME OF FATHER

Alex. Brown.

¹¹ BIRTHPLACE OF FATHER (State or country)

Scotland.

¹² MAIDEN NAME OF MOTHER

Anne Murray.

¹³ BIRTHPLACE OF MOTHER (State or country)

N-S-

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

¹⁵

Filed *191*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH

9 *16* *1912*
(Month) (Day) (Year)

¹⁷ I HEREBY CERTIFY that I attended deceased from

July 31, 191*2*, to *Sept-16*, 191*2*,

that I last saw him alive on *Sept-7*, 191*2*,

and that death occurred, on the date stated above, at *2:30* m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(Duration) *2* yrs. — mos. — ds.

Contributory

(SECONDARY)

(Duration) — yrs. — mos. — ds.

(Signed)

Edward M. Inglis

M.D.

Sept-16, 191*2*. (Address) *Woburn Mass*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

¹⁹ PLACE OF BURIAL OR REMOVAL

Woodbrook Cem.
Woburn, Mass

DATE OF BURIAL

9-18, 191*2*

²⁰ UNDERTAKER

ADDRESS

W.C. Skaggs.

Winthrop

STANDARD CERTIFICATE OF DEATH.

Sept. 16, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Ivanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Boston
Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop (No. *Boston Harbor* St. : Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Mrs. Helen Messon

Arthur filed with
Registered No. *1913*

3 RESIDENCE *291 Summer St. S.B.*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

married

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

45-1/2

hrs. mos. ds. or min. ?

If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

Unknown

9 BIRTHPLACE
(State or country)

Unknown

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER
(State or country)

Unknown

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER
(State or country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Overseers of Poor Boston

Filed , 191

REGISTRAR

10 DATE OF DEATH

Sept 25th (?) 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

asphyxiation by drowning presumably while under the influence of alcohol.

(Duration) yrs. mos. ds.

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Jan 11th 1913

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

W. H. H. H.

DATE OF BURIAL

CITY BURIAL 191

20 UNDERTAKER

Frank S. Briggs

ADDRESS

55 Somerset St

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Sept. 25, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factor*. The material worked on may form part of the secret statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL septicæmia," "PERIPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

¹ PLACE OF DEATH

Winthrop Mass (No. *50*, *Main*)

St.; Ward)

² FULL NAME

Marry G Woods
Scan

[If married or divorced woman or widow give maiden name, also name of husband.]

^a RESIDENCE

50 Main St Winthrop Mass Registered No.

PERSONAL AND STATISTICAL PARTICULARS

³ SEX

F

⁴ COLOR OR RACE

W

⁵ SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

married

⁶ DATE OF BIRTH

(Month) (Day) (Year)

⁷ AGE

2

If LESS than 1 day, hrs.

..... yrs. mos. ds. or min. ?

⁸ OCCUPATION

(a) Trade, profession, or particular kind of work

at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

—

⁹ BIRTHPLACE (State or country)

East Boston

¹⁰ NAME OF FATHER

Edmund

¹¹ BIRTHPLACE OF FATHER (State or country)

E. Boston

¹² MAIDEN NAME OF MOTHER

Margaret Elisha

¹³ BIRTHPLACE OF MOTHER (State or country)

New Scotia

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

ant. Winthrop

Filed..... 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH

Sept 28, 191*2*
(Month) (Day) (Year)

¹⁷ I HEREBY CERTIFY that I attended deceased from

March, 191*2*, to *Sept 28*, 191*2*.

that I last saw h. *h*. alive on *Sept 21*, 191*2*.

and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs

(Duration) *1* yrs. *6* mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) *W. H. Nuttall*, M.D.

Sept 29, 191*2* (Address) *Winthrop*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

Where was disease contracted, If not at place of death? In the State yrs. mos. ds.

Former or usual residence.....

¹⁹ PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross Church *Sept 29*, 191*2*

²⁰ UNDERTAKER

ADDRESS

W. C. Kirby *East Boston*

N B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Sept. 28, 1912

Statement of occupation.—Precise statement of occupa-

tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Rail engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., (*Carcinoma, Sarcoma*, etc., of..... (name origin: "Cancer" is less com-
definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

CHELSEA

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Chelsea, Mass. (No. Frost Hospital. St. 2 Ward)

2 FULL NAME Hartley, Benjamin Franklin

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE Winthrop, Mass. 23 Sagamore Ave.

Registered No. 542

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

78

... yrs. ... mos. ... ds. or min.?

If LESS than 1 day, ... hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work Engineer.

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Gloucester, Mass

10 NAME OF FATHER

Dan'l Davis Hartley

11 BIRTHPLACE OF FATHER (State or country)

Gloucester, Mass.

12 MAIDEN NAME OF MOTHER

Rebecca Elwell

13 BIRTHPLACE OF MOTHER (State or country)

Gloucester, Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank C. Moreland
(Address) 23 Sagamore Ave.

15 Filed Oct. 5, 1912

REGISTRAR

16 DATE OF DEATH

Oct. 4, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct. 2, 1912, to Oct. 4, 1912, that I last saw him alive on Oct. 4, 1912, and that death occurred, on the date stated above, at 10 pm.

The CAUSE OF DEATH* was as follows:

Gangrene of penis

(Duration) ... yrs. ... mos. 10 ds.

Contributory Calcareous Degn. of Arteries (SECONDARY)

(Duration) 2 yrs. ... mos. ... ds.

(Signed) H. E. Bragdon, M.D.

Oct. 5, 1912 (Address) 7 Central St. East Boston.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. ... mos. ... ds. In the State yrs. ... mos. ... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Gloucester, Mass.

DATE OF BURIAL

Oct. 8, 1912

20 UNDERTAKER

J. W. Sprague

ADDRESS

11 Boston.

N. B. - Every item of information should be carefully supplied. AGE statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the **DISEASE** CAUSING **DEATH**, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the **DISEASE** CAUSING **DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., (*Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Astenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 35 Forest

St.: Ward)

4508
Winthrop
(City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Rachel A. Schwarzenberg

Rachel Demetrian

Moses N. Schwarzenberg
Registered No.

35 Forest St. Winthrop

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, OR DIVORCED (Write the word)

Widow

7 DATE OF BIRTH

April 15 1857
(Month) (Day) (Year)

8 AGE

55 yrs. 5 mos. 19 ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

None

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE (State or country)

Richmond Va

11 NAME OF FATHER

(unknown)

Demetrian

12 BIRTHPLACE OF FATHER (State or country)

Germany

13 MAIDEN NAME OF MOTHER

Elizabeth Shields

14 BIRTHPLACE OF MOTHER (State or country)

Germany

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

E. N. Schwarzenberg

(Address) 35 Forest St Winthrop Mass

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct 5 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural causes:
Heart disease - Sclerosis of the Coronary Arteries

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Sudden death)

(Duration) yrs. mos. ds.

(Signed) J. J. Burger (M.D.)

Oct 4 1912 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Wakefield Mass

Oct 6 1912

20 UNDERTAKER

ADDRESS

J. L. Eastman Co

251 Tremont St Boston Mass

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite); avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Méasles* (disease causing death), 29 *ds.*; *Broncho-pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probable* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probable suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

1 PLACE OF DEATH

Winthrop

(No. *6 Revere*)

St.:

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Lita Virginia Kelly

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

6 Revere St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)
Single

6 DATE OF BIRTH

July 8th 1910
(Month) (Day) (Year)

7 AGE

2 3

If LESS than
1 day, hrs.

or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE

(State or country)

East Boston

10 NAME OF FATHER

John L. Kelly

11 BIRTHPLACE OF FATHER
(State or country)

East Boston

12 MAIDEN NAME OF MOTHER

Ethel Z. Boyle

13 BIRTHPLACE OF MOTHER
(State or country)

East Boston, Ma.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

*John L. Kelly
6 Revere St.*

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

October 8 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Oct 7, 1912, to *Oct 8*, 1912.

that I last saw him alive on *Oct 8*, 1912,

and that death occurred, on the date stated above, at *3 P.M.*

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) yrs. mos. *1* ds.

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Harvey M. Kelly

M.D.

Oct 8, 1912 (Address) *325 Winthrop St.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Holy Cross Mission

DATE OF BURIAL

Oct 8, 1912

20 UNDERTAKER

John L. Kelly

ADDRESS

Maverick St.

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

205. 8, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., *Carcinoma, Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Broncho-pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winstthrop (No. 115 Washington Ave. St. Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH

7 AGE

If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work...

(b) General nature of industry, business, or establishment in which employed (or employer)...

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

PARENTS

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

191

REGISTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

I HEREBY CERTIFY that I attended deceased from Sept., 1912, to Oct. 11th, 1912, that I last saw him alive on Oct. 9th, 1912, and that death occurred, on the date stated above, at 10 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Paralysis, etc.

(Duration) yrs. 6 mos. ds.

Contributory.. (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Oct. 12, 1912 (Address) Winstthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.mos.ds. In the State.....yrs.mos.ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

N. B. — Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Oct. 11, 1912.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Crill engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital?," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Irritation," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ectopic*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Spillthrops

(No.

Mitcalf Hospital

St.

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Julia E. Mooney

[If married or divorced woman or widow give maiden name, also name of husband.]

Levin Jas. L. Mooney

3 RESIDENCE

176 Bealdon St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

1870
(Month) (Day) (Year)

8 AGE

40 yrs. *0* mos. *0* ds.

If LESS than 1 day.....hrs. or.....min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Boston

11 NAME OF FATHER

John Lewis

12 BIRTHPLACE OF FATHER

(State or country)

unknown

13 MAIDEN NAME OF MOTHER

unknown

14 BIRTHPLACE OF MOTHER

(State or country)

unknown

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Jas. L. Mooney

(Address)

176 Bealdon St

16

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Oct 12, 191*2*
(Month) (Day) (Year)

18 I HEREBY CERTIFY that I attended deceased from

Oct 2, 191*2*, to *Oct 12*, 191*2*

that I last saw him alive on *Oct 12*, 191*2*

and that death occurred, on the date stated above, at *70* m.

The CAUSE OF DEATH* was as follows:

acute gastro enteritis
stomach & lungs

not known, possibly salt cod fish?

(Duration) yrs. mos. *10* ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

S. J. Buttery

M.D.

Oct 14, 191*2* (Address) *Walden*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. *5* ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Boston St. Workshop

Former or usual residence *Boston St. Workshop*

20 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Spillthrops

10-13, 191*2*

21 UNDERTAKER

ADDRESS

H. C. Skaggs

Spillthrops

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Oct. 12, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never re-port "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritonaeum, etc., (*Carcinoma, Sarcoma, etc.*, of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (second-ary or intercurrent) affection need not be stated unless im-portant. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "An-aemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUER-ERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Ex-posure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. *66*, *Brick Road*)

(City or town.)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Charles C. Badeau

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

66 Brick Rd Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

M

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF DEATH

Oct 16, 191*2*
(Month) (Day) (Year)

8 DATE OF BIRTH

11 16 1875
(Month) (Day) (Year)

9 AGE

36 yrs. *11* mos. *—* ds.

If LESS than 1 day, hrs. or min.?

I HEREBY CERTIFY that I attended deceased from

Oct 28, 191*2*, to *Oct 16*, 191*2*

that I last saw him alive on *Oct 16*, 191*2*, and that death occurred, on the date stated above, at *3:20* p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Grapple)

10 OCCUPATION

(a) Trade, profession, or particular kind of work

Electrical Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

11 BIRTHPLACE

(State or country)

Brooklyn N.Y.

12 NAME OF FATHER

Chas. G. Badeau

13 BIRTHPLACE OF FATHER

Brooklyn N.Y.

14 MAIDEN NAME OF MOTHER

Mary A. Castner

15 BIRTHPLACE OF MOTHER

Brooklyn N.Y.

16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. C. C. Badeau
(Address) *66 Brick Road*

17

Filed _____, 191*2*

REGISTRAR

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos. *18* ds.

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

Oct 19, 191*2* (Address) *Winthrop Mass*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Bethlehem Pa.

DATE OF BURIAL

10-19, 191*2*

20 UNDERTAKER

Wm C. Shaggs

ADDRESS

Winthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Oct. 16, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. *40*, *Orlando Ave.* St. Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Elsie B. Morris

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

40 Orlando Ave. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE,

MARRIED,

WIDOWED,

OR DIVORCED

(Write the word)

Widowed

6 DATE OF BIRTH

5 *4* *1894*
(Month) (Day) (Year)

7 AGE

88 yrs. *5* mos. *13* ds.

If LESS than

1 day, hrs.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

W

9 BIRTHPLACE

(State or country)

Maine

10 NAME OF FATHER

Gas. Morrill

11 BIRTHPLACE OF FATHER

(State or country)

Maine

12 MAIDEN NAME OF MOTHER

Eliza Perry

13 BIRTHPLACE OF MOTHER

(State or country)

Maine

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Miss Morris

(Address)

40 Orlando Ave

15

Filed, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct. 16, 191*2*
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

Oct. 5, 191*2*, to *Oct. 16*, 191*2*,

that I last saw *her* alive on *Oct. 16*, 191*2*,

and that death occurred, on the date stated above, at *11* m.

The CAUSE OF DEATH* was as follows:

Senile Pneumonia

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Edward J. ...

M.D.

Winthrop (Address)

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death, yrs. mos. ds. In the State, yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

18 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cremation

10-21, 191*2*

19 UNDERTAKER

ADDRESS

The. Shraga Winthrop

STANDARD CERTIFICATE OF DEATH.

Oct. 16, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 171

Bowdoin

St. Winthrop

(City or town.)

[If death occurred in hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Ralph W. Irish

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

M

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

7 DATE OF BIRTH

5-14-1910

(Month) (Day) (Year)

8 AGE

2 yrs. 5 mos. 3 ds.

If LESS than 1 day, hrs. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Winthrop Mass

11 NAME OF FATHER

Elmer E. Irish

12 BIRTHPLACE OF FATHER (State or country)

N. H.

13 MAIDEN NAME OF MOTHER

Katherine Heath

14 BIRTHPLACE OF MOTHER (State or country)

N. H.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Elmer Irish

(Address)

171 Bowdoin St

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct. 17, 1912

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH was as follows:

Asphyxiation by smoke from body stoves
Accidental - playing with matches

(Duration)

yrs.

mos.

ds.

Contributory

(SECONDARY)

(Signed)

Timothy Barry

Address

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death

yrs.

mos.

ds.

In the State

yrs.

mos.

ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Cem

10-20, 1912

20 UNDERTAKER

ADDRESS

Wm C Skaggs Winthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farmlaborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ergotism*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

83 Farm Burden (No. *Wintthrop* Mass. St. : Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE 83 Farm Burden *Wintthrop* Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

7 DATE OF BIRTH

Mar

26

1909

(Month)

(Day)

(Year)

8 AGE

2

yrs.

6

mos.

20

ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

11

(b) General nature of industry, business, or establishment in which employed (or employer)

4

10 BIRTHPLACE

(State or country)

Jamaica Plain Boston Mass

11 NAME OF FATHER

Thomas Henry Staple Sr.

12 BIRTHPLACE OF FATHER

(State or country)

Deer Island Me

13 MAIDEN NAME OF MOTHER

Sarah E. Gifford

14 BIRTHPLACE OF MOTHER

(State or country)

Lynn Mass

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Thos. H. Staple

(Address)

83 Farm Burden

16

Filed _____, 191 _____

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Oct

17

1912

(Month)

(Day)

(Year)

18 I HEREBY CERTIFY that I attended deceased from

Oct 7th, 1912, to Oct 17th, 1912,

that I last saw him alive on *Oct 17th, 1912,*

and that death occurred, on the date stated above, at *10 a.m.*

The CAUSE OF DEATH* was as follows:

Septicemia

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

31 Montague

M.D.

Oct 17th, 1912 (Address) *Wintthrop*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, If not at place of death ?

Former or usual residence.

20 PLACE OF BURIAL OR REMOVAL

Cambridge County Mass

DATE OF BURIAL

Oct 17th, 1912

21 UNDERTAKER

6 R Bourn

ADDRESS

Wintthrop

STANDARD CERTIFICATE OF DEATH.

Dec. 17, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

1 PLACE OF DEATH

Shirley St. (No. *37*, *Shirley* St.; _____ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Mrs. Bridget Gertrude Fitch
[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

37 Shirley St.

Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS**4 SEX***F***5 COLOR OR RACE***W.*

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

7 DATE OF BIRTH

August 15, 18*82*
(Month) (Day) (Year)

8 AGE

85 yrs. *2* mos. *5* ds.

If LESS than
1 day, _____ hrs.
or _____ min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE
(State or country)

Brooklyn N. Y.

11 NAME OF FATHER

Terence

12 BIRTHPLACE OF FATHER
(State or country)

Ireland

13 MAIDEN NAME OF MOTHER

Unknown

14 BIRTHPLACE OF MOTHER
(State or country)**15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant)

Augusta Fitch

(Address)

37 Shirley St.

Filed _____ 191 _____

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16 DATE OF DEATH**

October 20, 191*2*
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from _____, 190*4*, to *Oct 20*, 191*2*,that I last saw him alive on *Oct 20*, 191*2*,and that death occurred, on the date stated above, at *7:25 P.M.*

The CAUSE OF DEATH* was as follows:

Senile Degeneration, General

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory *Abscess in Gluteal region*(SECONDARY) *about six weeks* (Duration) _____ yrs. *1* mos. *14* ds.(Signed) *Wesley C. Jefferson*, M.D.*Oct 21*, 191*2* (Address) *37 Shirley St. Waltham*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, If not at place of death ? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

St. Mary's Church, Waltham, 191*2*

20 UNDERTAKER

ADDRESS

Thos. J. Lane, 120 W. 1st St. Waltham

STANDARD CERTIFICATE OF DEATH.

Oct. 20, 1912

Statement of occupation.—

Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningis, peritonaeum, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

35 Moore St.

(No.

Winthrop Mass

St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Harold Hatfield Halsey

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

35 Moore St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

m.

5 COLOR OR RACE

W.

6 SINGLE,

MARRIED,

WIDOWED,

OR DIVORCED

(Write the word)

Single

7 DATE OF BIRTH

March 31, 1887

(Month)

(Day)

(Year)

8 AGE

24 yrs. 7 mos. 10 ds.

If LESS than

1 day, hrs.

or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Brimington Vt.

11 NAME OF FATHER

Walter C. Halsey

12 BIRTHPLACE OF FATHER

(State or country)

Brandon Vt.

13 MAIDEN NAME OF MOTHER

Ann Collins

14 BIRTHPLACE OF MOTHER

(State or country)

Brimington Vt.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C. R. Bourne

(Address)

Winthrop Mass.

16

Filed _____, 191 _____

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Oct. 20, 1912

(Month)

(Day)

(Year)

I HEREBY CERTIFY that I attended deceased from

Oct. 20, 1912, to Oct. 20, 1912

that I last saw him alive on Oct. 20, 1912,

and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

W. H. Porter

M.D.

Oct. 20, 1912 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Winthrop Cemetery

DATE OF BURIAL

Oct 23, 1912

20 UNDERTAKER

C. R. Bourne

ADDRESS

Winthrop

STANDARD CERTIFICATE OF DEATH.

Oct. 20, 1912

Statement of occupation.—Precise statement of occupa-

tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningis, peritonaeum, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary, 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Ivanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. *59*, *Crest Ave* St. *4* Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Hermon F. Maynard

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Winthrop (59 Crest Ave)

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

M

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

10 / *1* / *1884*
(Month) (Day) (Year)

8 AGE

58 yrs. — mos. *20* ds. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Germany

11 NAME OF FATHER

Augustus Maynard

12 BIRTHPLACE OF FATHER (State or country)

Germany

13 MAIDEN NAME OF MOTHER

Theresa Stehle

14 BIRTHPLACE OF MOTHER (State or country)

Germany

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mrs. H. F. Maynard*

(Address) *59 Crest Ave, Winthrop*

Filed *191*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct / *20* / *1912*
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

Oct 1, 1912, to *Oct 20*, 1912, that I last saw him alive on *Oct 19*, 1912, and that death occurred, on the date stated above, at *12:25* a.m.

The CAUSE OF DEATH* was as follows:

General atherosclerosis, coronary artery, right foot, coronary artery of lung (right), coronary artery

(Duration) *1* yrs. — mos. — ds.

Contributory

(SECONDARY)

(Duration) — yrs. — mos. — ds.

(Signed)

B. H. Maynard, M.D.
Oct 21, 1912 (Address) *W. H. H. H.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop, Mass / *10 22 1912*

19 UNDERTAKER

ADDRESS

W. E. Skaggs / *Winthrop*

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Oct. 20, 1912

Statement of occupation.—Precise statement of occupa-

tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.

(City or town.)

1 PLACE OF DEATH

Point Shirley.

(No.

Undine Avenue.

St.:

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Eugene Denton Brooks.

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE Undine Ave., Point Shirley, Winthrop, Mass. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widowed

6 DATE OF BIRTH

Feb. 22, 1835.

(Month)

(Day)

(Year)

7 AGE

77 yrs. 8 mos. 0 ds.

If LESS than 1 day, hrs.

or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Real Estate.

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Boston, Mass.

10 NAME OF FATHER

Luke Brooks.

11 BIRTHPLACE OF FATHER

(State or country)

Templeton, Mass.

12 MAIDEN NAME OF MOTHER

Miriam Foster.

13 BIRTHPLACE OF MOTHER

(State or country)

Billerica, Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lyman W. Brooks.

(Address) 97 Langdon Ave., Watertown.

15

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct 22nd

1912

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I attended deceased from

Aug 28, 1912, to Oct 22nd, 1912

that I last saw alive on Oct 22nd, 1912

and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Hodgkin's Disease
Pseudo-leukemia

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

myocarditis

(Duration) yrs. mos. ds.

(Signed)

W. H. Gray

M.D.

Oct 23rd, 1912 (Address) Arlington

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Mt. Auburn Cemetery.

Oct. 25, 1912.

20 UNDERTAKER

James S. Litchfield

ADDRESS

21 Main St. Cambridge

STANDARD CERTIFICATE OF DEATH.

Oct. 22, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., (*urcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Ivanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Levington
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PLACE OF DEATH

Levington

(No. *Oakmont, Merriam* St. : Ward)

Ward)

FULL NAME

Eleanor Mary Wright

[If married or divorced woman or widow give maiden name, also name of husband.]

RESIDENCE

41 Butler St. Wintthrop Mass.

Registered No.

64

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR OR RACE

White

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

DATE OF BIRTH

Apr. 3, 1849

(Month)

(Day)

(Year)

AGE

63 yrs. 6 mos. 19 ds.

If LESS than 1 day.....hrs. or.....min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

At home

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country)

Cambridge N. Y.

NAME OF FATHER

David Emery

BIRTHPLACE OF FATHER (State or country)

Scotland

MAIDEN NAME OF MOTHER

Matilda Russell

BIRTHPLACE OF MOTHER (State or country)

Scotland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Hallie C. Blake

(Address)

Oakmont, Merriam St

FILED

Oct 20 1912

Charles W. Swan

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

October 22, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

Sept 25, 1912 to Oct 23, 1912

that I last saw her alive on

Oct 22, 1912

and that death occurred, on the date stated above, at *7 p.m.*

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

About (Duration) *1* yrs. mos. ds.

Contributory (SECONDARY)

Anaemia

(Duration) yrs. mos. ds.

(Signed)

Fred S. Paper

M.D.

Oct 23, 1912

(Address)

Levington

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

Clinton, Mass

DATE OF BURIAL

Oct 25, 1912

UNDERTAKER

John Bryants' Sons

ADDRESS

*15 Austin St
Charlestown Mass.*

STANDARD CERTIFICATE OF DEATH.

Oct. 22, 1913.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never re-port "Typhoid pneumonia"); *Lobar pneumonia*, *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Metchett Hospital (No. *Worcester Mass* St. : Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

74 Atlantic St Worcester

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

7 DATE OF BIRTH

Oct 7, 19*12*
(Month) (Day) (Year)

8 AGE

X yrs. *X* mos. *17* ds. or min. ?
If LESS than 1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Worcester Mass

11 NAME OF FATHER

Walter W. Case

12 BIRTHPLACE OF FATHER

(State or country)

Springfield Mass

13 MAIDEN NAME OF MOTHER

Beulah Durant

14 BIRTHPLACE OF MOTHER

(State or country)

Marquette Mich. U.S.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

C. L. Brown
Worcester Mass

16

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Oct 23, 191*2*
(Month) (Day) (Year)

18 I HEREBY CERTIFY that I attended deceased from

Birth, 191*2*, to *Oct 23*, 191*2*,
that I last saw him alive on, *Oct 23*, 191*2*,
and that death occurred, on the date stated above, at *11 pm*.

The CAUSE OF DEATH* was as follows:

Premature Birth 7 mos
lack of vitality

(Duration) yrs. mos. *18* ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

B. J. M. M. M., M.D.
Oct 24, 191*2* (Address) *Worcester*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. *18* ds. In the State yrs. mos. ds. *18*

Where was disease contracted, If not at place of death? *In Detroit*

Former or usual residence *at the St. W. Mass*

20 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Worcester Cemetery

Oct 25, 191*2*

21 UNDERTAKER

ADDRESS

C. R. Brown

Worcester

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

208. 23, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 85, Bartlett Rd. St.

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Emma Walsh

[If married or divorced woman or widow give maiden name, also name of husband.]

Wignall - Frederick H. Walsh

3 RESIDENCE

85 Bartlett Road

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

11 (Month)

6 (Day)

1831 (Year)

8 AGE

81 yrs. 6 mos. 20 ds.

If LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

At home

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

England

11 NAME OF FATHER

John Wignall

12 BIRTHPLACE OF FATHER (State or country)

England

13 MAIDEN NAME OF MOTHER

Janie Walsh

14 BIRTHPLACE OF MOTHER (State or country)

England

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Emma Walsh

(Address)

85 Bartlett Road

16

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Oct

26

1912

(Month)

(Day)

(Year)

18 I HEREBY CERTIFY that I attended deceased from

Oct 1st

1912, to

Oct 26th

1912

that I last saw her alive on

Oct 26th

1912

and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Mitral Stenosis

Cerebral Hemorrhage

(Duration) 5 yrs. - mos. - ds.

Contributory (SECONDARY)

Rheumatism

(Duration) 2 yrs. 2 mos. - ds.

(Signed)

Horace J. Gould

M.D.

Oct 27, 1912 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

20 PLACE OF BURIAL OR REMOVAL

Winthrop Cem.

DATE OF BURIAL

10-28, 1912

21 UNDERTAKER

H. C. Spaggs

ADDRESS

Winthrop

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Oct. 26, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., (*Curcuma*, *Sarcoca*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

RETURN OF A DEATH—1912.

CITY OF
BOSTON.

FULL NAME DONALD MC LENNAN

Registered No. 9635

Place of Death } Boston
and Residence } 82 ALBION ST

Date of Death OCT. 30 1912. Age 52 years months days.

STATISTICAL DETAILS.

SEX M COLOR W SINGLE, MARRIED, WID., DIV. MAR.

Maiden Name

Husband's Name

Birthplace CAPE NORTH.CAN.

Name of Father JOHN MC LENNAN

Birthplace of Father CAPE NORTH.CAN.

Maiden Name of Mother SARAH MORRISON

Birthplace of Mother CAPE NORTH.CAN.

Occupation PAINTER

Informant

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1912, to 1912,
that to the best of my knowledge and belief death occurred, on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } FRAC. SKULL (ACCIDENTAL)
(Duration)

FALL OVER BALUSTRADE

Contributory: }
(Duration)

(Signed) T. LEARY MED. EX. M.D.

OCT. 30 1912

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial or removal WINTHROP(WINTHROP CEM)

Usual Residence WINTHROP(14 FREMONT ST)

Undertaker C. R. BENNISON

Filed NOV. 4 1912

WINTHROP

A true copy
Attest

EWM Glenen

Registrar.

Oct 30, 1912

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

4537

Winthrop

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Boston Harbor ? (No. Point Shirley Beach St. ; Ward)

2 FULL NAME Unknown Man (Case No 4537).

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE Unknown.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE 30 - 35 yrs. mos. ds. If LESS than 1 day, hrs. or min. ?

8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) (Address)

15 Filed 191 REGISTRAR

16 DATE OF DEATH Found October 31, 1912 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Draining under circumstances unknown

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. B. Ryan M.D.

1912 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death ?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS

STANDARD CERTIFICATE OF DEATH.

25. 31, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

¹ PLACE OF DEATH

Winthrop (No. *50*, *Maine* St.; Ward)

² FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

^a RESIDENCE *50 Maine St Winthrop* Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

³ SEX *Female* ⁴ COLOR OR RACE *White* ⁵ SINGLE, MARRIED, WIDOWED, OR, DIVORCED *Single*
(Write the word)

¹⁶ DATE OF DEATH *Nov 1, 1912*
(Month) (Day) (Year)

⁶ DATE OF BIRTH (Month) (Day) (Year)

¹⁷ I HEREBY CERTIFY that I attended deceased from *Oct 29, 1912*, to *Nov 1, 1912*, that I last saw *h* alive on *Oct 30, 1912*, and that death occurred, on the date stated above, at *5 P.* m.

⁷ AGE If LESS than 1 day, hrs. yrs. *3* mos. ds. or min. ?

The CAUSE OF DEATH* was as follows:

⁸ OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)

Tuberculosis
(Duration) yrs. mos. ds.

⁹ BIRTHPLACE (State or country) *Winthrop*

Contributory (SECONDARY) (Duration) yrs. mos. ds.

¹⁰ NAME OF FATHER *Edward*

(Signed) *Harvey W. Kelly* M.D. *Nov 2, 1912* (Address) *325 Winthrop*

¹¹ BIRTHPLACE OF FATHER (State or country) *East Boston*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹² MAIDEN NAME OF MOTHER *Mary A. Simpson*

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). At place of death yrs. mos. ds. In the State yrs. mos. ds.

¹³ BIRTHPLACE OF MOTHER (State or country) *East Boston*

Where was disease contracted, If not at place of death?

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Former or usual residence

(Informant) *Hacker* (Address) *50 Maine St*

¹⁹ PLACE OF BURIAL OR REMOVAL *Holy Cross Church* DATE OF BURIAL *Nov 2, 1912*

¹⁵ Filed *1912* REGISTRAR

²⁰ UNDERTAKER *R. C. Kelly* ADDRESS *East Boston*

STANDARD CERTIFICATE OF DEATH.

Nov. 1, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc.. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Swindle*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

¹ PLACE OF DEATH

181

(No.

Almont

St.;

Ward)

² FULL NAME

Theresa Weiss Rinalovski

[If married or divorced woman or widow give maiden name, also name of husband.]

wife Louis Rinalovski

³ RESIDENCE

101 Almont St Winthrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

³ SEX

Female

⁴ COLOR OR RACE

White

⁵ SINGLE,

MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word)

married

⁶ DATE OF BIRTH

Oct

18

1862

(Month)

(Day)

(Year)

⁷ AGE

50

yrs.

mos.

ds.

If LESS than 1 day.....hrs.

or.....min.?

⁸ OCCUPATION

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

⁹ BIRTHPLACE

(State or country)

Germany

¹⁰ NAME OF FATHER

Hyman Weiss

¹¹ BIRTHPLACE OF FATHER (State or country)

Germany

¹² MAIDEN NAME OF MOTHER

Esther unknown

¹³ BIRTHPLACE OF MOTHER (State or country)

Germany

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Louis Rinalovski

(Address)

101 Almont St

¹⁵

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH

Nov.

1st

191

(Month)

(Day)

(Year)

¹⁷ I HEREBY CERTIFY that I attended deceased from

Nov. 1st

191

to Nov. 1st

191

that I last saw her alive on Nov. 1st

191

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration).....yrs.....mos.....ds.

Contributory

Pulmonary Disease

(SECONDARY)

(Duration).....yrs.....mos.....ds.

(Signed)

M. J. Porter

M.D.

Nov. 2nd

191

(Address) Winthrop, Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, If not at place of death?

Former or usual residence

¹⁹ PLACE OF BURIAL OR REMOVAL

Woodlands Farm Mass

DATE OF BURIAL

Nov 3, 1912

²⁰ UNDERTAKER

Mayer Solomon

ADDRESS

59 Brighton St

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. 55 Haldenmore St.)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Audrey Annworthy

3 RESIDENCE

Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE,

MARRIED, ~~WIDOWED,~~
OR ~~DIVORCED~~ *Married*
(Write the word)

7 DATE OF BIRTH

February 3, 1910
(Month) (Day) (Year)

8 AGE

35 yrs. mos. ds. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Manufacturer Dept

(b) General nature of industry, business, or establishment in which employed (or employer)

Employer

10 BIRTHPLACE

(State or country)

Huddersfield England

11 NAME OF FATHER

Ernest Annworthy

12 BIRTHPLACE OF FATHER

(State or country)

Huddersfield England

13 MAIDEN NAME OF MOTHER

Allen Annworthy

14 BIRTHPLACE OF MOTHER

(State or country)

Huddersfield Eng

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

C. R. Annworthy
Winthrop Mass.

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov 3, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

March, 1910, to Nov 3, 1912

that I last saw him alive on Nov 2, 1912

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. 9 mos. X ds.

Contributory..
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Nov 4, 1912 (Address) Winthrop M.D.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop Cem.

DATE OF BURIAL

Nov. 5, 1912

20 UNDERTAKER

C. R. Annworthy

ADDRESS

Winthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Wreck engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., (*uræmia*, *Scurvy*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. 93 Pleasant St. Ward)

(City or town)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

William V. Corninha
93 Pleasant St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

March

1873

(Month)

(Day)

(Year)

8 AGE

39 yrs. 8 mos. ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Fisherman

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Boston

11 NAME OF FATHER

Antoine Corninha

12 BIRTHPLACE OF FATHER (State or country)

Pico Portugal

13 MAIDEN NAME OF MOTHER

Rosa Rebelho

14 BIRTHPLACE OF MOTHER (State or country)

Fragal Portugal

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Era M. Corninha

(Address)

93 Pleasant St

16

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Nov

30

1912

(Month)

(Day)

(Year)

18 I HEREBY CERTIFY that I attended deceased from

July 1, 1912, to Nov 30, 1912, that I last saw him alive on Nov 30, 1912, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Substituted spleen

(Duration) yrs. 6 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

318th St. M.D.

(Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

20 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross Cem

Nov 6, 1912

21 UNDERTAKER

ADDRESS

Chas R. Benson

Winthrop

N B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farmlaborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., (*carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wentworth

(No. 2)

Highway

St. ; Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

RESIDENCE

Wentworth

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

Single

6 DATE OF BIRTH

Sept. 14

1846

(Year)

7 AGE

66

yrs.

1

mos.

14

ds.

If LESS than 1 day, hrs.

or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

Bank

9 BIRTHPLACE (State or country)

Truro, Cape Cod,

10 NAME OF FATHER

Joseph Collins

11 BIRTHPLACE OF FATHER (State or country)

Truro Mass

12 MAIDEN NAME OF MOTHER

Lucy Thomas

13 BIRTHPLACE OF MOTHER (State or country)

Truro

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Shubael Collins

(Address)

Wentworth Mass.

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

November 5

(Month)

(Day)

1912

(Year)

17 I HEREBY CERTIFY that I attended deceased from

October 21, 1912, to Nov 5, 1912,

that I last saw him alive on Nov 4, 1912,

and that death occurred, on the date stated above, at 6 9 m.

The CAUSE OF DEATH* was as follows:

Gastric Haemorrhage

(Duration) X yrs. X mos. 2 ds.

Contributory (SECONDARY)

Cause of liver

(Duration) Several mos. X ds.

(Signed)

O. E. Johnson, M.D.

Nov 6, 1912.

(Address)

Wentworth

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Woodlawn Cemetery Nov 7 1912

20 UNDERTAKER

ADDRESS

C. R. Boninsson Wentworth Mass.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Rail engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Trocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Varicella*, *Scarlatina*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *(Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *20 ds*; *Broncho-pneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Assthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Strangulation*, *Esposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

¹ PLACE OF DEATH*Winthrop*(No. *480*, *Winthrop*

St. ;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

² FULL NAME*Mrs. Eva Stanford nee Braithwaite*

[If married or divorced woman or widow give maiden name, also name of husband.]

*wife of Charles*⁴ RESIDENCE*480 Winthrop St*

Registered No.

PERSONAL AND STATISTICAL PARTICULARS³ SEX*F*⁴ COLOR OR RACE*Black*

⁵ SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

⁶ DATE OF BIRTH

....., 1.....
(Month) (Day) (Year)

⁷ AGE

36 yrs. mos. ds. or min. ?
If LESS than 1 day, hrs.

⁸ OCCUPATION

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

⁹ BIRTHPLACE

(State or country)

*Boston*¹⁰ NAME OF FATHER*Wm F*¹¹ BIRTHPLACE OF FATHER (State or country)*Guinea
Liberia British*¹² MAIDEN NAME OF MOTHER*Emma A. H. H. H.*¹³ BIRTHPLACE OF MOTHER (State or country)*Charlotte N.C. Carolina*¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Emma Stanford

(Address)

480 Winthrop St.

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH¹⁶ DATE OF DEATH

November 6, 191*2*
(Month) (Day) (Year)

¹⁷ I HEREBY CERTIFY that I attended deceased from*Sept. 13*, 191*2*, to *Nov. 6*, 191*2*,that I last saw *h* alive on *Nov. 6*, 191*2*and that death occurred, on the date stated above, at *12.30 a.m. P. 4.*

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Charles F. Maloney, M.D.
Nov. 7, 191*2* (Address) *304 Winthrop St.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence.

¹⁹ PLACE OF BURIAL OR REMOVAL*Winthrop Cem.*

DATE OF BURIAL

Nov 8, 191*2*²⁰ UNDERTAKER*Thos. J. Lane*

ADDRESS

*120 Haver St
Boston*

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., (*Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthemia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. *Winthrop*)

St. :

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Allen H. Dustin

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

M

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

7 DATE OF BIRTH

3 25 1912
(Month) (Day) (Year)

8 AGE

7 yrs. *11* mos. *11* ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Winthrop

11 NAME OF FATHER

Harold B. Dustin

12 BIRTHPLACE OF FATHER

(State or country)

E. Boston

13 MAIDEN NAME OF MOTHER

Jennie B. Halder

14 BIRTHPLACE OF MOTHER

(State or country)

Chelsea

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Jennie B. Dustin
243 Winthrop St

16

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Nov 6 1912
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

Nov 25, 1912 to Nov 6, 1912

that I last saw him alive on *Nov 4, 1912*

and that death occurred, on the date stated above, at *am* m.

The CAUSE OF DEATH* was as follows:

Congenital Heart

open foramen ovale

(Duration) yrs. *7* mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

W. C. Skaggs M.D.
Nov 7, 1912 (Address) *Winthrop*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Cem *11-8-1912*

20 UNDERTAKER

ADDRESS

W. C. Skaggs *Winthrop*

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., (*Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Ivanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wintthrop (No. *Park Ave*)

St. : Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

(*Baby*) *Perkins*

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Park Ave Wintthrop Heights Registered No. *Mass*

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

female

5 COLOR OR RACE

white

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

7 DATE OF BIRTH

Nov 10, 1912 (Month) (Day) (Year)

8 AGE

Still Born

If LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Wintthrop Mass

11 NAME OF FATHER

George H. Perkins

12 BIRTHPLACE OF FATHER

(State or country)

Utica N. Y.

13 MAIDEN NAME OF MOTHER

Mary Cullen

14 BIRTHPLACE OF MOTHER

(State or country)

Clinton N. Y.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C. H. Benjamin

(Address)

Wintthrop Mass

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Nov 10, 1912 (Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

Nov 10, 1912, to *Nov 10*, 1912,

that I last saw him alive on *Still Born*, 1912,

and that death occurred, on the date stated above, at *X* m.

The CAUSE OF DEATH* was as follows:

Still born

(Duration) yrs. mos. ds.

Contributory (SECONDARY) *Deficient development of crania bases*

(Signed) *O. Johnson*, M.D.

Nov 12, 1912 (Address) *Wintthrop Mass*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Wintthrop Tomb

DATE OF BURIAL

Nov 12, 1912

20 UNDERTAKER

C. H. Benjamin

ADDRESS

Wintthrop Mass

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farmlaborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less correct); avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Trauma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

¹ PLACE OF DEATH

Winthrop (No. 203 Shore Drive. St. ; Ward)

² FULL NAME

Albert H. Oborn

[If married or divorced woman or widow give maiden name, also name of husband.]

³ RESIDENCE

Los Angeles Cal.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

⁴ SEX

male

⁵ COLOR OR RACE

white

⁶ SINGLE, MARRIED, married.
WIDOWED, OR DIVORCED
(Write the word)

⁷ DATE OF BIRTH

July 4 1869

(Month)

(Day)

(Year)

⁸ AGE

43

yrs. 4

mos. 7

ds.

If LESS than
1 day, hrs.
or min. ?

⁹ OCCUPATION

(a) Trade, profession, or particular kind of work

Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

¹⁰ BIRTHPLACE

(State or country)

De Pere Wis.

¹¹ NAME OF FATHER

John

¹² BIRTHPLACE OF FATHER
(State or country)

unknown

¹³ MAIDEN NAME OF MOTHER

Carrie

¹⁴ BIRTHPLACE OF MOTHER
(State or country)

Lockport N.Y.

¹⁵ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH

Nov. 11 1912

(Month)

(Day)

(Year)

¹⁷ I HEREBY CERTIFY that I attended deceased from

Sept. 4th, 1912, to date of death, 1912,

that I last saw him alive on Nov. 10th, 1912,

and that death occurred, on the date stated above, at 5:40 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of Sigmoid Flexure.
(Operative)

? (Duration) ? yrs. mos. ds.

Contributory Exhaustion - Unable to

take nourishment (Duration) yrs. mos. 14 ds.

(Signed) Oliver G. Tripp M.D.

Nov. 12, 1912 (Address) 527 Beacon St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

¹⁹ PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Mass. Crematory

Nov 13, 1912

²⁰ UNDERTAKER

ADDRESS

B. W. W. W. W. W.

Boston

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Nov. 11, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farmlaborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Traemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.
Boston
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop.

(No.

459 Shirley -

St.;

Ward)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Mary J. Feeley; died Nov 13th 1912
459 Shirley St. Winthrop.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single
(Write the word)

7 DATE OF BIRTH

Unknown

(Month)

(Day)

(Year)

8 AGE

58 yrs.

mos.

ds.

If LESS than 1 day, hrs.

or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work.

At Home

(b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE

(State or country)

Boston

11 NAME OF FATHER

William J. Feeley

12 BIRTHPLACE OF FATHER

(State or country)

Ireland

13 MAIDEN NAME OF MOTHER

Yanvora Stanford

14 BIRTHPLACE OF MOTHER

(State or country)

Ireland

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

242 1/2 Mrs. Hanigan
459 Shirley St. Winthrop

16

Filed

191

REGISTRAR

16 DATE OF DEATH

Nov.

13

1912

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I attended deceased from

Nov 2, 1912, to Nov 13, 1912,

that I last saw her alive on Nov 13, 1912,

and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

arterio-sclerosis

(Duration) yrs. mos. ds.

(Signed)

Charles H. Train

M.D.

Nov 14, 1912 (Address) 1474 Tremont St. Boston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death, yrs. mos. ds. In the State, yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Old Dorchester

Nov 16, 1912

20 UNDERTAKER

ADDRESS

Mrs. A. Farrell 1336 Tremont St.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningis, peritonaeum, etc. (*Uterinoma, Sarcoma, etc.*, of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal diseases resulting from childbirth or miscarriage," as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Exposure, etc.*
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

¹ PLACE OF DEATH

Winthrop (No. 45, Circuit Rd. St. Ward) Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

² FULL NAME

Benjamin P. Darling
[If married or divorced woman or widow give maiden name, also name of husband.]

³ RESIDENCE

45 Circuit Rd. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

⁴ SEX M. ⁵ COLOR OR RACE W. ⁶ SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
(Write the word)

⁷ DATE OF BIRTH Mar 12, 1849
(Month) (Day) (Year)

⁸ AGE 63 yrs. 8 mos. 7 ds. If LESS than 1 day, hrs. or min. ?

⁹ OCCUPATION

(a) Trade, profession, or particular kind of work, Carhenter

(b) General nature of industry, business, or establishment in which employed (or employer).

¹⁰ BIRTHPLACE (State or country)

St John N.B.

¹¹ NAME OF FATHER

Benny Darling

¹² BIRTHPLACE OF FATHER (State or country)

St John N.B.

¹³ MAIDEN NAME OF MOTHER

Frances Townsend

¹⁴ BIRTHPLACE OF MOTHER (State or country)

St John N.B.

¹⁵ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Novel L. Darling

(Address)

45 Circuit Rd.

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH

Nov 19, 1912
(Month) (Day) (Year)

¹⁷ I HEREBY CERTIFY that I attended deceased from Oct 1, 1912, to Nov 19, 1912, that I last saw him alive on Nov 19, 1912, and that death occurred, on the date stated above, at 6 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Harvey A. Kelly

M.D.

Nov 19, 1912 (Address) 325 Winthrop St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

¹⁹ PLACE OF BURIAL OR REMOVAL

Forest Hills Boston

DATE OF BURIAL

Nov 21, 1912

²⁰ UNDERTAKER

D. Judge Son

ADDRESS

Cambridge

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Nov. 19, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

RUTLAND, MASS.

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

RUTLAND, MASS.

(No. **RUTLAND STATE SANATORIUM.** St. ; Ward)

2 FULL NAME

Wilkins L. Gilbert

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Wintthrop

Registered No. *92*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

Oct. 6, 1862
(Month) (Day) (Year)

7 AGE

50 yrs. *1* mos. *13* ds. or min.?

If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Photographer

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Lowell

10 NAME OF FATHER

Alfred P. Gilbert

11 BIRTHPLACE OF FATHER (State or country)

Maine

12 MAIDEN NAME OF MOTHER

Nancy Lillie

13 BIRTHPLACE OF MOTHER (State or country)

Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

P. S. Bartlett

(Address)

RUTLAND, MASS.

Filed *Nov 19* 1912

Louis W. Hauff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov. 19, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from

Oct. 17, 1912, to Nov. 19, 1912,

that I last saw him alive on *Nov. 19, 1912,*

and that death occurred, on the date stated above, at *10.40* m.

The CAUSE OF DEATH* was as follows:

Heart Degeneration

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

PULMONARY TUBERCULOSIS

(Duration) yrs. mos. ds.

(Signed)

P. Challis Bartlett

M.D.

Nov. 19, 1912 (Address) **RUTLAND, MASS.**

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death *2* yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

Wintthrop

19 PLACE OF BURIAL OR REMOVAL

Lowell

DATE OF BURIAL

Nov. 21, 1912

20 UNDERTAKER

R. C. Prescott & son

ADDRESS

RUTLAND, MASS.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds*; *Broncho-pneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Traemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ectoposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

1 PLACE OF DEATH

Winthrop

(No. *72 Park Ave.* St. : Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Arthur J. O'Neil

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

—

7 DATE OF BIRTH

April 19, 1866
(Month) (Day) (Year)

8 AGE

43 yrs. *7* mos. *—* ds. or *—* min. ?

If LESS than 1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Officer

(b) General nature of industry, business, or establishment in which employed (or employer)

City of Boston

10 BIRTHPLACE (State or country)

County Kerry Ireland

11 NAME OF FATHER

Dennis O'Neil

12 BIRTHPLACE OF FATHER (State or country)

Ireland

13 MAIDEN NAME OF MOTHER

Mary O'Neil

14 BIRTHPLACE OF MOTHER (State or country)

Ireland

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Elizabeth O'Neil*
(Address) *72 Park Ave Winthrop*

16 Filed *191*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Nov. 23^d, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from *Nov. 21st, 1912*, to *Nov. 22nd, 1912*, that I last saw *him* alive on *Nov. 22nd, 1912*, and that death occurred, on the date stated above, at *3 P.m.*

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage,

(Duration) *2* yrs. *—* mos. *—* ds.

Contributory (SECONDARY)

Pulmonary Oedema
(Duration) *1* yrs. *—* mos. *—* ds.

(Signed)

M. J. Porter, M.D.
Nov. 23, 1912 (Address) *Winthrop, Mass.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death *—* yrs. *—* mos. *—* ds. In the State *—* yrs. *—* mos. *—* ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross Walde, *Nov. 25, 1912*

20 UNDERTAKER

ADDRESS

E. J. Lobin, *8 Welvidere St Boston*

STANDARD CERTIFICATE OF DEATH.

1914

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Taborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Traemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop Mass (No. *60 Sagamore Ave* St.; Ward)

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Eliza. Wass Huse
[If married or divorced woman or widow give maiden name, also name of husband.] *widow of George. E. Huse - Dyer.*

3 RESIDENCE

60 Sagamore Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

female

5 COLOR OR RACE

white

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widow
(Write the word)

7 DATE OF BIRTH

July 6, 1856
(Month) (Day) (Year)

8 AGE

56 yrs. *4* mos. *15* ds.
If LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

Housekeeping

10 BIRTHPLACE (State or country)

Andover Me

11 NAME OF FATHER

Frank Dyer

12 BIRTHPLACE OF FATHER (State or country)

Andover Me

13 MAIDEN NAME OF MOTHER

Mary Weston PLUMMER,

14 BIRTHPLACE OF MOTHER (State or country)

Andover Me

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *C. R. Brumm*
(Address)

16 Filed *191*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Nov. 23, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from *Sep. 30., 1912*, to *Nov. 23., 1912*, that I last saw her alive on *Nov. 20*, 1912, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of small intestine

Indefinite (Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) *J. J. Potts*, M.D.

Nov. 23, 1912 (Address) *Winthrop*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Winthrop Mass

DATE OF BURIAL

Nov 24, 1912

20 UNDERTAKER

C. R. Brumm

ADDRESS

Winthrop

N B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

23, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*Uterinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Suttle," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wentworth

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

¹ PLACE OF DEATH

Melrose Hospital (No. *Wentworth Mass* St. : Ward)

² FULL NAME

Edward. Franklin Ricci

[If married or divorced woman or widow give maiden name, also name of husband.]

³ RESIDENCE

Point Shirley Wentworth Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

⁴ SEX

Male

⁵ COLOR OR RACE

White

⁶ SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

⁷ DATE OF BIRTH

April 2, 1868
(Month) (Day) (Year)

⁸ AGE

(47) 47 yrs. 7 mos. 16 ds.

If LESS than 1 day, hrs. or min. ?

⁹ OCCUPATION

(a) Trade, profession, or particular kind of work *Inspector*

(b) General nature of industry, business, or establishment in which employed (or employer) *Fireman*

¹⁰ BIRTHPLACE (State or country)

Hazardville Conn

¹¹ NAME OF FATHER

John F. Ricci

¹² BIRTHPLACE OF FATHER (State or country)

Unknown

¹³ MAIDEN NAME OF MOTHER

Julia Manning

¹⁴ BIRTHPLACE OF MOTHER (State or country)

Unknown

¹⁵ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Clifford E. Ricci (Son)

(Address)

Filed 191

REGISTRAR

¹⁶ DATE OF DEATH

Nov. 24, 1912
(Month) (Day) (Year)

¹⁷ I HEREBY CERTIFY that I attended deceased from *Dec 1st, 1912* to *Nov 24, 1912*, that I last saw him alive on *Nov 24, 1912*, and that death occurred, on the date stated above, at *6 P.M.*

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. *7* ds.

Contributory (SECONDARY)

Pneumonia

(Duration) yrs. mos. *1* ds.

(Signed)

Dr. J. J. [Signature]

M.D.

Nov. 25, 1912 (Address) *Wentworth, Mass.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence

¹⁹ PLACE OF BURIAL OR REMOVAL

Springfield Mass

DATE OF BURIAL

Nov 27, 1912

²⁰ UNDERTAKER

C R Bennett

ADDRESS

Wentworth

STANDARD CERTIFICATE OF DEATH.

Nov. 24, 1912

Statement of occupation.—Precise statement of occupa-

tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., (*carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

¹ PLACE OF DEATH

Winthrop, Mass. (No. 32 Perkins St. Ward)

² FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

^a RESIDENCE

Girl, - baby Still Born
Baby of Mr and Mrs. Benj Hall

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

³ SEX

female

⁴ COLOR OR RACE

colored

⁵ SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

⁶ DATE OF BIRTH

Nov 27

(Month)

(Day)

1912 (Year)

⁷ AGE

Still born

If LESS than 1 day, hrs.

or min. ?

⁸ OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

⁹ BIRTHPLACE

(State or country)

Winthrop, Mass.

¹⁰ NAME OF FATHER

Benj Hall

¹¹ BIRTHPLACE OF FATHER

(State or country)

Washington, D. C.

¹² MAIDEN NAME OF MOTHER

Mrs Elizabeth Blend

¹³ BIRTHPLACE OF MOTHER

(State or country)

Frederick, Va.

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

¹⁵

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH

Nov 27

(Month)

Wednesday (Day)

1912 (Year)

I HEREBY CERTIFY that I attended deceased from

Nov 27

1912

Nov 27

1912

that I last saw him alive on Still born, 1912

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Rupture of cord asphyxiation

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

J. Washington Still

M.D.

Nov 27, 1912 (Address) 1309 Columbus ave

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

¹⁹ PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

North Hope

Nov 28, 1912

²⁰ UNDERTAKER

ADDRESS

Benj & Jones 38 Shattuck Ave

N B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Nov. 27, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Etoposture*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

100 Summit Ave. (No. *Winter Place* St.; Ward)

(City or town.) *Wint.*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Martha Leadworth

Martha George widow of Thomas Leadworth

100 Summit Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH

7 AGE

If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed..... 191.....

REGISTRAR

16 DATE OF DEATH

17 I HEREBY CERTIFY that I attended deceased from

Nov. 24, 191*2*, to *Nov. 28*, 191*2*,

that I last saw her alive on *Nov. 28*, 191*2*,

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration).....yrs.....mos. *5* ds.

Contributory *Pulmonary Disease* (SECONDARY)

(Duration).....yrs.....mos. *1* ds.

(Signed) *H. J. Parker*, M.D.

Nov. 30, 191*2* (Address) *Wint.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. *5* ds. In the State.....yrs.....mos. *5* ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Not Recorded

DATE OF BURIAL

Dec 1, 191*2*

20 UNDERTAKER

C. R. Brown

ADDRESS

Wint.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Nov. 28, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Traemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

4630

Wrentham
(City or town.)

1 PLACE OF DEATH

Wrentham

(No. 96, Marshall

St.; Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Angus Holland

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

96 Marshall St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

7 DATE OF BIRTH

March

28

1886

(Month)

(Day)

(Year)

8 AGE

26 yrs. 8 mos. 2 ds.

If LESS than 1 day, hrs. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Teamster

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Antigonish N.S.

11 NAME OF FATHER

Thomas Holland

12 BIRTHPLACE OF FATHER

(State or country)

Bradford England

13 MAIDEN NAME OF MOTHER

Sarah McDonald

14 BIRTHPLACE OF MOTHER

(State or country)

Antigonish N.S.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Sarah Holland

(Address)

96 Marshall St

16

Filed, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

March

30

1912

(Month)

(Day)

(Year)

18 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Edema of the Brain and pneumonia caused on the evening of alcohol.

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Levi Buzen May Jr.

M.D.

March 30, 1912 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

20 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holy Cross Cemetery

Dec 2, 1912

21 UNDERTAKER

ADDRESS

John F. C. May Jr.

711 W. 1st St.

STANDARD CERTIFICATE OF DEATH.

Nov. 30, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accntl*; *Poisoning—wound of head—homicide*; *Poisoning—carriage accident—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws, persons under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. *158 Cliff St.* St.; _____ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

RESIDENCE

Florence M. Caskill Maynard

" " " " " " " " " " " "

Guy H. Maynard

Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
(Write the word)

6 DATE OF BIRTH *April* (Month) *1* (Day) *1912* (Year)

7 AGE *47* yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

London Ontario

10 NAME OF FATHER

Malcolm M. Caskill

11 BIRTHPLACE OF FATHER (State or country)

Not known

12 MAIDEN NAME OF MOTHER

Mary C. Caskill

13 BIRTHPLACE OF MOTHER (State or country)

London Ontario

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Guy H. Maynard

(Address)

Winthrop

Filed _____, 191 _____

REGISTRAR

16 DATE OF DEATH

Dec 6 (Month) *5* (Day) *1912* (Year)

17 I HEREBY CERTIFY that I attended deceased from *Apr. 1st*, 1912, to *Dec 6*, 1912, that I last saw her alive on *Dec 6*, 1912, and that death occurred, on the date stated above, at *8 P.M.*

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis (Bright's Disease)

(Duration) *1* yrs. _____ mos. _____ ds.

Contributory (SECONDARY)

Renal Dropsy

(Duration) _____ yrs. *3* mos. _____ ds.

(Signed)

Dr. Porter

M.D.

Dec 6, 1912 (Address) *Winthrop*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Wardman Ave *Dec 9th*, 1912

20 UNDERTAKER

ADDRESS

Wm. J. Grant *Wardman Ave*

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritonaeum, etc., (*Urethra, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchio-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Ecposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

4659

Winthrop
(City or town.)

1 PLACE OF DEATH

Winthrop

(No. 25

Corra -

St. ;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Grace C. Lambert

[If married or divorced woman or widow give maiden name, also name of husband.]

(B. 1871) E. G. Lambert - Corlies.

4 RESIDENCE

25 Corra St Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

1 28 1880
(Month) (Day) (Year)

7 AGE

50 yrs. 10 mos. 13 ds. or min. ?

If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Maine

10 NAME OF FATHER

Herbert Corlies

11 BIRTHPLACE OF FATHER

(State or country)

Me

12 MAIDEN NAME OF MOTHER

Olive Royal

13 BIRTHPLACE OF MOTHER

(State or country)

Maine

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

E. G. Lambert

(Address)

25 Corra St.

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH

Dec. 11 1912
(Month) (Day) (Year)

I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural causes:

chronic gastric intestine disease.

(Winthrop Seaside House)

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

George Byron Knight

M.D.

Dec 11 1912 (Address)

3.30 PM

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Yanmouth Me

12-14 1912

20 UNDERTAKER

ADDRESS

W. C. Skaggs

Winthrop

Filed , 191

REGISTRAR

Information should be carefully supplied. Age should be stated EXACTLY. If unknown, should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Ivanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

North Reading State Sanatorium St. Ward

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Frances A. Colby

Frances Emery

B. F. Colby

Winthrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

(Month) (Day) (Year)

8 AGE

61 yrs. — mos. — ds. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Maine

11 NAME OF FATHER

William Emery

12 BIRTHPLACE OF FATHER (State or country)

Maine

13 MAIDEN NAME OF MOTHER

Margaret Stevens

14 BIRTHPLACE OF MOTHER (State or country)

Maine

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Hospital Record

(Address)

North Wilmington

16

Filed Dec 13 1912

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

December 12, 1912 (Month) (Day) (Year)

18 I HEREBY CERTIFY that I attended deceased from

Oct 28, 1909, to Dec 12, 1912

that I last saw her alive on Dec 12, 1912

and that death occurred, on the date stated above, at 1-10 P.M.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

Probable (Duration) 4 yrs. 4 mos. 24 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Harry S. Searhart, M.D.

Dec 12, 1912 (Address) S. Wilmington

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. 1 mos. 14 ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence

20 PLACE OF BURIAL OR REMOVAL

Beggs Green Burial Lawrence Mass

DATE OF BURIAL

Dec 15, 1912

21 UNDERTAKER

W. H. Colby Son

ADDRESS

Lawrence

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoids use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc. (*Uterinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Draemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

CITY OF
BOSTON.

RETURN OF A DEATH—1912.

10952

FULL NAME..... EMMA L BELCHER Registered No.....

Place of Death { and Residence } Boston MASS. HOME O. HOSPT.

Date of Death..... DEC. 13 1912. Age 67(?) years..... months..... days.

STATISTICAL DETAILS.

SEX..... F COLOR..... W SINGLE, MARRIED, WID., DIV. SIN.

Maiden Name.....

Husband's Name.....

Birthplace..... WINTHROP

Name of Father..... JOHN BELCHER

Birthplace of Father..... WINTHROP

Maiden Name of Mother..... SARAH BURRILL

Birthplace of Mother..... WINTHROP

Occupation..... NONE

Informant.....

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from..... 1912, to..... 1912, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: }
(Duration)

INTESTINAL OBSTRUCTION - 5 DS

Contributory: }
(Duration)

OPERATION

(Signed)..... W. O. MANN M.D.

..... 1912

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT. 1 DAY

Place of Burial or removal..... WINTHROP

Undertaker..... C. R. BENNISON

WINTHROP

Usual Residence..... WINTHROP

Filed..... DEC. 17 1912

A true copy.
Attest:

EWM Glenen

Registrar.



The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

¹ PLACE OF DEATH

Winthrop (No. *106*, *Bowdoin* St.; _____ Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

² FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

^a RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

³ SEX

M

⁴ COLOR OR RACE

W

⁵ SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Married.

⁶ DATE OF BIRTH

1835
(Month) (Day) (Year)

⁷ AGE

77 yrs. _____ mos. _____ ds. or _____ min. ?

⁸ OCCUPATION

(a) Trade, profession, or particular kind of work

Calker

(b) General nature of industry, business, or establishment in which employed (or employer)

⁹ BIRTHPLACE

(State or country)

Maine

¹⁰ NAME OF FATHER

John Porter

¹¹ BIRTHPLACE OF FATHER
(State or country)

Maine

¹² MAIDEN NAME OF MOTHER

Unknown

¹³ BIRTHPLACE OF MOTHER
(State or country)

Maine

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Emma Porter

(Address)

106 Bowdoin St

¹⁵

Filed _____, 191 _____

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH

Dec *17*, 191*2*
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from *Jan*, 1909, to *Dec* *17*, 1912, that I last saw him alive on *Dec* *16*, 1912, and that death occurred, on the date stated above, at *59* m.

The CAUSE OF DEATH* was as follows:

General arterio sclerosis
Chronic Interstitial Nephritis

(Duration) *2* yrs. _____ mos. _____ ds.

Contributory
(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

W. H. H. H., M.D.
Dec 17, 1912 (Address) *Winthrop*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

¹⁹ PLACE OF BURIAL OR REMOVAL

W. H. Hope

DATE OF BURIAL

12-19-, 191*2*

²⁰ UNDERTAKER

W. C. Skaggs

ADDRESS

Winthrop

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farmlaborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. *54 Locust*)

St. _____

Ward _____

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Simpson

3 RESIDENCE

54 Locust St.

Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

Single White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH

August 1, 1912
(Month) (Day) (Year)

7 AGE

4 Months
yrs. mos. ds.

If LESS than 1 day, hrs. or min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE

(State or country)

Winthrop Mass.

10 NAME OF FATHER

Walter Simpson

11 BIRTHPLACE OF FATHER

(State or country)

Boston Mass.

12 MAIDEN NAME OF MOTHER

Elizabeth J. Smith

13 BIRTHPLACE OF MOTHER

(State or country)

Winthrop

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

191

REGISTRAR

16 DATE OF DEATH

Dec. 17, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

Dec. 16, 1912, to Dec. 17, 1912

that I last saw her alive on *Dec 16, 1912*

and that death occurred, on the date stated above, at *9 a. m.*

The CAUSE OF DEATH* was as follows:

Infantile Convulsions

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

Tubercular Disease

(Duration) yrs. mos. ds.

(Signed)

W. J. Smith

M.D.

Dec. 18, 1912 (Address) *Winthrop*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Winthrop Cemetery

Dec 17, 1912

20 UNDERTAKER

ADDRESS

Rev. R. B. Bannister

Winthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Turn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., *Tubercle, Scrophula*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *20 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Strangulation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop (No. 260, Pleasant

St.: Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Rosamond White.

3 RESIDENCE

260 Pleasant St. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

FF

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

7 DATE OF BIRTH

12 7 1881 (Month) (Day) (Year)

8 AGE

31 yrs. — mos. 13 ds.

If LESS than 1 day, hrs. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

At home

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Mass. (Winthrop)

11 NAME OF FATHER

David White

12 BIRTHPLACE OF FATHER (State or country)

Scotland

13 MAIDEN NAME OF MOTHER

Josephine Griffin

14 BIRTHPLACE OF MOTHER (State or country)

Winthrop, Mass

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Josephine H. White

(Address)

260 Pleasant St.

16

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Dec 20 1912 (Month) (Day) (Year)

18 I HEREBY CERTIFY that I attended deceased from

Dec 1, 1912, to Dec 20, 1912,

that I last saw her alive on Dec 20, 1912,

and that death occurred, on the date stated above, at 4:00 p.m.

The CAUSE OF DEATH* was as follows:

Pericarditis

24 hrs. (Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Richd. G. Brown

M.D.

Dec 21, 1912 (Address) 218 Main St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

20 PLACE OF BURIAL OR REMOVAL

Winthrop Cem

DATE OF BURIAL

Dec 20 1912

21 UNDERTAKER

Wm. C. Skaggs

ADDRESS

Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupa-

tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., (*Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop (No. 338, Pleasant. St.; Ward)

2 FULL NAME

Marion Elizabeth Morrill

3 RESIDENCE 515 Crafts St. W. Newton

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX Female 5 COLOR OR RACE W. 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

7 DATE OF BIRTH June 22, 1907 (Month) (Day) (Year)

8 AGE 5 yrs. 6 mos. 0 ds. If LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country) W. Newton, Mass.

11 NAME OF FATHER Lyman B. Morrill

12 BIRTHPLACE OF FATHER (State or country) W. Newton, Mass.

13 MAIDEN NAME OF MOTHER Susan F. Morrill Chafford

14 BIRTHPLACE OF MOTHER (State or country) Boston, Mass.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Susan F. Morrill (Address) 515 Crafts St. W. Newton, Mass.

16 Filled 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH Dec. 21, 1912 (Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from Dec. 15, 1912, to Dec. 21, 1912, that I last saw her alive on Dec. 21, 1912, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH* was as follows:

Septic Toxemia

(Duration) yrs. mos. 10 ds.

Contributory Cardiac Degeneration (SECONDARY) (Duration) yrs. mos. 4 ds.

(Signed) Dr. Porter, M.D.

Dec. 22, 1912 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Newton, Mass. DATE OF BURIAL Dec. 23, 1912

20 UNDERTAKER J. Walteman Sons ADDRESS Boston.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Worcester Mass (No. *94 Main St* St. : Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

94 Main St Worcester Mass Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Married

6 DATE OF BIRTH

Oct 10 1868
(Month) (Day) (Year)

7 AGE

44 yrs. *2* mos. *14* ds. or min. ?

If LESS than
1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Broker (Stock)

(b) General nature of industry, business, or establishment in which employed (or employer)

Commercial Broker

9 BIRTHPLACE
(State or country)

Hox Craft Me

10 NAME OF FATHER

Leonard T. Farris

11 BIRTHPLACE OF FATHER
(State or country)

Salem Me

12 MAIDEN NAME OF MOTHER

Mary Currier

13 BIRTHPLACE OF MOTHER
(State or country)

Salem Me

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

C R Berman
Worcester

15 Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 24 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from
Dec 23 1912, to *Dec 24* 1912
that I last saw him alive on *Dec 24* 1912,
and that death occurred, on the date stated above, at *11 a* m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Stomach
Chronic Mitral Insufficiency
Beginning Chronic of Liver
(Duration) yrs. mos. 2 ds.

Contributory
(SECONDARY)

(Duration) *3* yrs. mos. ds.

(Signed)

W H Muttall M.D.
Dec 26 1912 (Address) *Worcester*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Lowell Mass

DATE OF BURIAL

12/27 1912

20 UNDERTAKER

C R Berman

ADDRESS

Worcester

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Workman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Turner (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., (*tuberculum*, *Scrofula*, etc., of. (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Irritation," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Stuctle*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N.B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

¹ PLACE OF DEATH

Winthrop Mass (No. *149 main*)

St. : Ward)

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

² FULL NAME

Elizabeth Howes
[If married or divorced woman or widow give maiden name, also name of husband.] *Widow of James Howes - Porter*

³ RESIDENCE

149 main st Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

³ SEX

female

⁴ COLOR OR RACE

white

⁵ SINGLE,

MARRIED,

WIDOWED,

OR DIVORCED

(Write the word)

widow

⁶ DATE OF BIRTH

Nov

18

1828

(Month)

(Day)

(Year)

⁷ AGE

84

1

9

ys.

mos.

ds.

If LESS than
1 day.....hrs.

or.....min.?

⁸ OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

⁹ BIRTHPLACE

(State or country)

New York City

¹⁰ NAME OF FATHER

John Porter

¹¹ BIRTHPLACE OF FATHER

(State or country)

unknown

¹² MAIDEN NAME OF MOTHER

unknown

¹³ BIRTHPLACE OF MOTHER

(State or country)

unknown

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

John Kerwan

(Address)

149 Winthrop St -

¹⁵

Filed.....191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH

Dec

27

1912

(Month)

(Day)

(Year)

¹⁷

I HEREBY CERTIFY that I attended deceased from

Dec 2, 1912, to *Dec 27*, 1912,

that I last saw him alive on *Dec 27*, 1912,

and that death occurred, on the date stated above, at *10 A.M.*

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration).....yrs.....mos.....ds.

Contributory

(SECONDARY)

Edema of Lungs

(Duration).....yrs.....mos.....ds.

(Signed)

Henry Kelly

M.D.

Dec 28, 1912 (Address) *325 Winthrop St*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

¹⁹ PLACE OF BURIAL OR REMOVAL

Winthrop Cemetery

DATE OF BURIAL

Dec 29, 1912

²⁰ UNDERTAKER

Chas A. Bennett

ADDRESS

Winthrop

STANDARD CERTIFICATE OF DEATH.

1902 27, 1912

Statement of occupation.—Precision statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., (*carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

¹ PLACE OF DEATH

Winthrop (No. 16 Cottage Park Rd. St.; Ward)

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

² FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Sylvanus Rich

^a RESIDENCE

16 Cottage Park Rd.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

³ SEX

Male

⁴ COLOR OR RACE

White

⁵ SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

⁶ DATE OF BIRTH

unknown

(Month) (Day) (Year)

⁷ AGE

about

If LESS than 1 day, hrs.

67 yrs. mos. ds. or min. ?

⁸ OCCUPATION

(a) Trade, profession, or particular kind of work

clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

⁹ BIRTHPLACE (State or country)

Boston

¹⁰ NAME OF FATHER

Sylvanus Rich

¹¹ BIRTHPLACE OF FATHER (State or country)

Weymouth, Mass.

¹² MAIDEN NAME OF MOTHER

Hannah Rich Brown

¹³ BIRTHPLACE OF MOTHER (State or country)

Weymouth, Mass.

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Hanna M. Rich

(Address)

16 Cottage Park Rd.

¹⁵

Filed 191

REGISTRAR

over

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH

Dec. 28, 1912
(Month) (Day) (Year)

¹⁷ I HEREBY CERTIFY that I attended deceased from

Dec. 11, 1912, to Dec. 28, 1912,

that I last saw him alive on Dec. 28, 1912,

and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) X yrs. X mos. 24 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

D. E. Johnson

M.D.

Dec. 30, 1912 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

¹⁹ PLACE OF BURIAL OR REMOVAL

Winthrop Tomb

DATE OF BURIAL

12/31, 1912

²⁰ UNDERTAKER

C. R. Benson

ADDRESS

Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonium*, etc., (*carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicæmia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

Withd- Jan 2 1913
Then personally appeared
Harry M. Ruck, sister
of the deceased and
swears that the within
statements are true
before me and
Tested 113 Church St
Jesse Clerk

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wentworth

(City or town.)

1 PLACE OF DEATH

Wentworth

(No. *16 Collage Park Rd*)

St. : Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Sylvanus Rich

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

16 Collage Park Rd

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

unborn

7 DATE OF BIRTH

(Month) (Day) (Year)

8 AGE

67 *about*

If LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Boston Mass

11 NAME OF FATHER

Sylvanus Rich

12 BIRTHPLACE OF FATHER (State or country)

Middlesex Mass

13 MAIDEN NAME OF MOTHER

Hannah Rich Brown

14 BIRTHPLACE OF MOTHER (State or country)

Middlesex Mass

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C. H. Bennett

(Address)

Wentworth Mass

16

Filed, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

December 28, 191*2*
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

Dec 11, 191*2*, to *Dec 28*, 191*2*,

that I last saw him alive on *Dec 28*, 191*2*,

and that death occurred, on the date stated above, at *4 P* m.

The CAUSE OF DEATH* was as follows:

Myocardial infarction

(Duration) *X* yrs. *X* mos. *24* ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

O. E. Johnson, M.D.

Dec 30, 191*2* (Address) *Wentworth*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Wentworth Tomb

DATE OF BURIAL

12/31, 191*2*

20 UNDERTAKER

C. H. Bennett

ADDRESS

Wentworth

N.B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Dec. 28, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection used not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop

(No. *35* *Summit Ave* St. *Ward*)

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Helena Marion Hennessy

3 RESIDENCE

35 Summit Ave. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX

W

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

7 DATE OF DEATH

December 28, 1912
(Month) (Day) (Year)

8 DATE OF BIRTH

Jan 23, 1912
(Month) (Day) (Year)

9 AGE

31 yrs. 11 mos. ds.

If LESS than 1 day.....hrs. or.....min.?

10 OCCUPATION

(a) Trade, profession, or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

11 BIRTHPLACE

(State or country)

Dorchester Mass

12 NAME OF FATHER

Patrick B.

13 BIRTHPLACE OF FATHER

(State or country)

Ireland

14 MAIDEN NAME OF MOTHER

Alice J. Ross

15 BIRTHPLACE OF MOTHER

(State or country)

Phila

16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

T.B. Hennessy

(Address)

35 Summit Ave.

17 I HEREBY CERTIFY that I attended deceased from *Aug*, 1912, to *Dec 28*, 1912, that I last saw him alive on *Dec 27*, 1912, and that death occurred, on the date stated above, at *8 a m.*

The CAUSE OF DEATH* was as follows:

Cancer of Breast

(Duration).....yrs. *18* mos. ds.

Contributory (SECONDARY)

(Duration).....yrs. mos. ds.

(Signed) *O.E. Johnson*, M.D.

Dec 28, 1912 (Address) *Winthrop*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. mos. ds. In the State.....yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

St. Benedict

DATE OF BURIAL

1912

20 UNDERTAKER

P. O'Leary 1169 Chambers Ave

ADDRESS

Filed

191

REGISTRAR

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Dec. 28, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritoneum, etc., (*Carcinoma, Sarcoma, etc.*, of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Wintthrop (No. Park Ave

St.;

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Alotta J. Baker
Park Ave, Wintthrop, Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Married

6 DATE OF BIRTH

11 / 27 / 1885
(Month) (Day) (Year)

7 AGE

77 yrs. 11 mos. 3 ds. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work...

None

(b) General nature of industry, business, or establishment in which employed (or employer)...

9 BIRTHPLACE

(State or country)

Dutchess Co. New York

10 NAME OF FATHER

Joseph Burrow

11 BIRTHPLACE OF FATHER

(State or country)

Dutchess Co. New York

12 MAIDEN NAME OF MOTHER

Josephine Baker

13 BIRTHPLACE OF MOTHER

(State or country)

New York State

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Joseph H. Baker
Wintthrop, England

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

December 30th

(Month)

(Day)

1912 (Year)

I HEREBY CERTIFY that I attended deceased from Dec. 20th, 1912, to Dec 30th, 1912, that I last saw him alive on Dec. 29th, 1912, and that death occurred, on the date stated above, at... m.

The CAUSE OF DEATH* was as follows:

Apoplexy, hemiplegia

Contributory (SECONDARY)

(Signed)

Dec 30th, 1912 (Address) 60 Wintthrop Ave

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death... yrs. ... mos. ... ds. In the State... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Walter J. White

Filed

121

REGISTRAR

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

2 Dec. 30, 1912.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicæmia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop

(No. *66*, *Park Ave.* St.,

Ward)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Charles A. Kelley

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

M

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Married

7 DATE OF BIRTH

3 *19* *1848*
(Month) (Day) (Year)

8 AGE

64 yrs. *9* mos. *17* ds.
or min.?

If LESS than
1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Immigrant

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE
(State or country)

Cape Cod

11 NAME OF FATHER

Chas. G. Kelley

12 BIRTHPLACE OF FATHER
(State or country)

Mass.

13 MAIDEN NAME OF MOTHER

Chlor Colman

14 BIRTHPLACE OF MOTHER
(State or country)

Cape Cod

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mrs. Chas. A. Kelley*

(Address) *66 Park Ave.*

Filed *191*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

December *30*, 191*2*
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

Dec 26, 191*2*, to *Dec 30*, 191*2*,

that I last saw him alive on *Dec 29*, 191*2*,

and that death occurred, on the date stated above, at *69* m.

The CAUSE OF DEATH* was as follows:

Progressive Permeable Anemia

(Duration) *1* yrs. *6* mos. *X* ds.

Contributory
(SECONDARY)

X

(Duration) *1* yrs. *6* mos. *X* ds.

(Signed) *E. Johnson*, M.D.

Dec 31, 191*2* (Address) *Winthrop*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death, yrs. mos. ds. In the State, yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

18 PLACE OF BURIAL OR REMOVAL

West Dennis Church

DATE OF BURIAL

1-2-, 191*3*

19 UNDERTAKER

Wm C. Skarson

ADDRESS

Winthrop

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farmlaborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., (*carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Worcester (No. *Ocean View St Extension* St.: Ward)

2 FULL NAME

Emily T. Davis
[If married or divorced woman or widow
give maiden name, also name of husband.]

3 RESIDENCE

Ocean View Street Extension Registered No.

Worcester
(City or town.)
[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

4 SEX *Female* 5 COLOR OR RACE *white* 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
(Write the word)

7 DATE OF BIRTH *Dec 20 1911*
(Month) (Day) (Year)

8 AGE *1* yrs. *X* mos. *10* ds. If LESS than 1 day, hrs. or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Worcester

11 NAME OF FATHER

Augustus S. Davis

12 BIRTHPLACE OF FATHER (State or country)

Camden N.J.

13 MAIDEN NAME OF MOTHER

Emma Fennekes

14 BIRTHPLACE OF MOTHER (State or country)

Boston

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *A. T. Davis*
(Address) *Ocean View St*

16 Filed 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

Dec. 30., 191*2*
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from *Dec. 29*, 191*2*, to *Dec. 30*, 191*2*, that I last saw her alive on *Dec. 29*, 191*2*, and that death occurred, on the date stated above, at *79* a.m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. *2* ds.
Contributory *Pulmonary Oedema*
(SECONDARY) (Duration) yrs. mos. *1* ds.

(Signed) *M. J. Porter* M.D.
Dec. 30, 191*2* (Address) *Worcester, Mass.*

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death ?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Worcester Cemetery

DATE OF BURIAL

Jan 2, 191*3*

20 UNDERTAKER

C R Benson

ADDRESS

Worcester

N B. - Every item of information should be carefully supplied. AGE statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

1000. 30, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesmen*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Sticide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

5 COLOR OR RACE

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

7 DATE OF BIRTH

8 AGE

If LESS than 1 day, hrs.

9 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

11 NAME OF FATHER

12 BIRTHPLACE OF FATHER (State or country)

13 MAIDEN NAME OF MOTHER

14 BIRTHPLACE OF MOTHER (State or country)

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

16

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

I HEREBY CERTIFY that I attended deceased from

Dec. 30, 1912, to Dec. 31, 1912

that I last saw ~~him~~ alive on Dec. 31st, 1912

and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

Contributory Pulmonary Oedema

(Duration) yrs. mos. ds.

(Signed)

Jan. 1, 1913 (Address) Hingham

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Hingham Cem.

Jan. 2, 1912

20 UNDERTAKER

ADDRESS

W. H. Remond

Hingham

N.B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meningitis, peritonaeum, etc., (*Carcinoma, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchio-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Waltham

(No. *H Woodside Park* St. *Ward*)

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Margaret M. Crowe

[If married or divorced woman or widow give maiden name, also name of husband]

my living wife of John E. Crowe

3 RESIDENCE

Waltham Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Female

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

7 DATE OF BIRTH

(Month) (Day) (Year)

8 AGE

68

ys.

mos.

ds.

If LESS than 1 day, hrs.

or min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country)

Boston Mass

11 NAME OF FATHER

Patrick Twinn

12 BIRTHPLACE OF FATHER (State or country)

Ireland

13 MAIDEN NAME OF MOTHER

Ellen Ward

14 BIRTHPLACE OF MOTHER (State or country)

Ireland

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Margaret Crowe

(Address)

H Woodside Park Waltham

16

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 31st

(Month)

(Day)

1912 (Year)

17 I HEREBY CERTIFY that I attended deceased from

Sept

1912, to

Dec 31st

1912,

that I last saw her alive on

Dec 31st

1912,

and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (apoplexy)

(Duration) yrs. 3 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

B. J. Metcalf

M.D.

1913 (Address) W. H. H. H. H.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

St Paul's Church Waltham Jan 3, 1913

20 UNDERTAKER

ADDRESS

John S. McGovern

Lowell Mass.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Doc. 31, 1912

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Steel engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Kippure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.





